



Care of the Donation after Cardiac Death [DCD] Patient in Critical Care Areas

Site	CHB only
Setting/Population	All Critical Care Areas/All Populations
Clinician	All Nurses

Goals

- ▶ The nurse understands the special circumstances surrounding Organ Donation after Cardiac Death by familiarizing him/herself with the [Foundation Conditions for Pediatric Organ Donation after Cardiac Death](#); [Organ DCD protocol \[Pre-Mortem\]](#) and the [Organ Donation After Cardiac Death Policy](#).
- ▶ The nurse provide meticulous End-of-Life care per hospital [policy](#) and per the Cardiovascular and Critical Care Manual [guideline](#) while implementing specified nursing actions required before, during and after Organ Donation after Cardiac Death.
- ▶ The nurse is a compassionate advocate to ensure that no harm comes to the patient and that all appropriate measures are taken to guide the family through the DCD process.

Guideline

1. The nurses, fellow, and attending must agree to voluntarily participate in the DCD process.
2. Two nurses are assigned to the patient for this process.
3. A nurse participates in all meetings with family and clinicians to ensure that all parties have a full understanding of the process.
4. Each institution has different policies surrounding the organ DCD process. The New England Organ Bank representative is not familiar with all aspects of the CHB process. It is the team's responsibility to ensure that the Children's Hospital Boston policy is followed.
5. Collaborative meetings with Critical Care Team, Organ Bank, and Operating Room (OR) teams are required to coordinate the process.
6. In conjunction with the attending, inform the family of what to expect:
 - Expected order of events.

Document: dcd nursing guidelines

- Possible delays, example: coordinating available OR and team, coordinating recipient, and pre-donation testing.
 - Frequent blood draws requiring large amounts of blood needed for donation eligibility.
 - Potential for hemodynamic instability, donation time constraints and organ viability.
 - End-of-life care: extubation in OR, fast separation from family after asystole.
 - What happens if organ donation parameters are not met.
7. Conduct end-of-life care as you would for any other patient.
- Handprints, molds, locks of hair, etc. are done prior to leaving the hospital.
 - Accommodate special requests as best possible: music, chaplaincy to accompany to OR, setting up a second bed in OR "A" for family to be close to patient.
 - Move ECG leads to the patient's back if feasible.
 - Discontinue any unnecessary tubes and lines.
8. Predetermine what medications are needed in the OR, obtain orders or plan ahead of time for the agreed upon doses as per the [Guidelines for care following the Withholding or Withdrawal of Life Sustaining Treatments](#). Bring medications with you to the OR.
9. An OR nurse meets the family on the unit and accompanies the patient, family and team to the OR.
10. The patient remains in the care of the team until the patient is transferred to the second OR for organ donation and after donation if family wishes to see the child after death.
11. Things to remember in the OR:
- Assign team roles prior to initiating withdrawal of life sustaining measures, including who will administer Heparin at the appropriate time (Bring heparin syringe with you).
 - Synchronize clocks with the surgical team.
 - Bring a stethoscope to the OR.
 - A working arterial line should be in place.
 - Maintain reliable access for medication administration.
 - Clarify the order of the events again for the parents.
 - The parents have the authority to halt proceedings at ANY time during the Organ DCD process.
 - Ensure that an ECHO has been preordered to determine acirculation if no arterial line or in case arterial line fails.
 - If the patient does not reach acirculation within one hour they could still be eligible to donate tissue.

Document: dcd nursing guidelines

12. Only the attending or fellow can declare acirculation. The attending/fellow accompanies the patient into the second OR to confirm no auto-resuscitation after 5 minutes.
13. Continue to monitor the patient with a transport monitor during the transfer to second OR. Plan to use a stretcher.
14. Families are given the opportunity to say goodbye to their child following organ donation. This can be done on the unit. Charge nurse keeps the bed space until family returns home or child is brought to the morgue.
15. The nurse completes an end-of-life note including comfort measures, time of asystole, and documents medications administered in OR.

Related Content

- Clinician Administration Manual: [Organ Donation after Cardiac Death \(DCD\)](#)
- [Organ Donation after Cardiac Death Consent Form](#)
- [Foundation Conditions for Pediatric Organ Donation after Cardiac Death](#)
- [Pediatric Transplantation Center website](#)

Document Attributes

Title	Error! Reference source not found.		
Author	Lisa Pixley, RN	Date of Origin	10/08
Reviewed/Revised by	Matthew Taylor, RN Aimee Lyons, RN, MSN	Dates Reviewed/Revised	10/09
Copyright	©Children’s Hospital Boston, 2012	Last Modified	09/13/10
Approved	Signature on File Eileen M. Sporing, MSN, RN, NEA-BC Senior Vice President for Patient Care Services, Chief Nursing Officer		