GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board	**Reference Number:** UHB 245 **Version Number:** 1 **Date of Next Review:** 18 Jun 2016 **Previous Trust/LHB Reference Number:** N/A

Organ Donation from the Emergency Unit
Standard Operating Procedure

Introduction and Aim

The aim of these guidelines is to support the identification of potential organ donors from the Emergency Unit and the referral of these patients to the Specialist Nurse for Organ Donation (SNOD).

This document is supporting Donation of Organs and Tissues following Death policy?

What will it achieve?

Following the decision to withdraw treatment on any patient in the Emergency Unit, an automatic referral to the SNOD to assess suitability for donation should be made, prior to treatment being withdrawn. This procedure will ensure standardised practice is adhered to.

Objectives

- Every patient that is a potential organ donor is identified (i.e. refer all patients who fulfil brain stem death testing criteria or are for planned withdrawal of life sustaining treatment);
- A SNOD will assess the potential of every referral;
- A SNOD will be involved in all end of life discussions;
- A plan about approach for organ donation will be made and followed by the Consultant and SNOD
- Admission to Critical Care for facilitation of organ donation

Scope

This procedure applies to all of our staff in The Emergency Unit including those with honorary contracts.

Equality Impact Assessment	An Equality Impact Assessment has not been completed. This is because a procedure has been written to support the implementation the Donation of Organs and Tissues following Death policy. The Equality Impact Assessment completed for the policy found there to be some potential areas of negative impact. Overall, the evidence suggests a neutral impact but some groups are more affected than others. We will need to be

	mindful, through monitoring of 'mitigating circumstances' in regard to some of the impact. Key actions have been identified and these can be found in the EQIA action plan within the policy.
Documents to read alongside this Procedure	• Code of Practice for the diagnosis and confirmation of death - Academy of Medical Royal Colleges Oct (2008) http://www.aomrc.org.uk/aomrc/admin/reports/docs/DofD-final.pdf • Human Tissue Act (2004) www.hta.gov.uk • Legal Issues Relevant to non-heart beating donation http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109864.pdf • Mental Capacity Act (2005) Code of Practice, TSO, 2007 • Organ Donation for transplantation: improving donor identification and consent rates for deceased organ donation http://www.nice.org.uk/nicemedia/live/13628/57508/57508.pdf • Organs for Transplants – A Report from the Organ Donation Taskforce. DH January 2008. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082122 • Saving Lives, Valuing Donors: A Transplant Framework for England. DOH July 2003. www.dh.gov.uk • United Kingdom Hospital Policy for Organ and Tissue Donation – UK Transplant 2003
Approved by	All Emergency Unit Consultants and all Intensive Care Consultants
Accountable Executive or Clinical Board Director	Medical Director Clinical Board Director
Author(s)	Clinical Lead for Organ Donation

Disclaimer

If the review date of this document has passed please ensure that the version you ar using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	18 Jun 2014	21 Jan 2015*	New document developed in support of Donation of Organs and Tissues Following Death Policy *Note: Document previously in use within EU Department. Publication date represents the date the document was uploaded onto the UHB Internet/Intranet in association with the above policy.

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Organ Donation from the Emergency Department

1.0 Introduction and guidance for the application of this pathway

The aim of these guidelines is to support the **identification of potential organ donors** from the Emergency Unit and the **referral of these patients** to the Specialist Nurse for Organ Donation (SNOD).

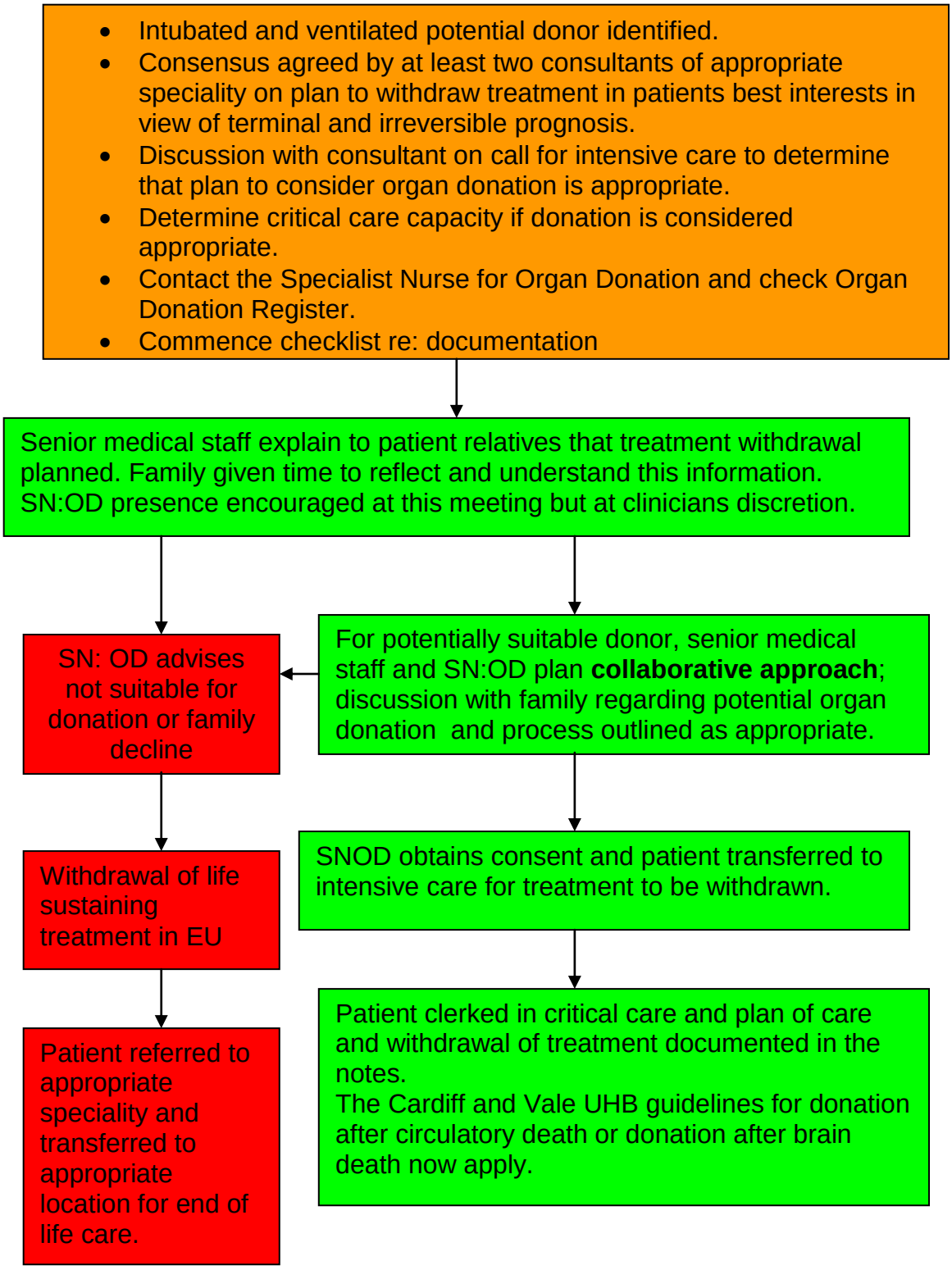
The medical and nursing staff in the Emergency Unit at the UHW are strongly supportive of organ donation in line with established good clinical practice in end of life care as laid out by the GMC and guidelines from NICE and NHSBT.

The public are very supportive of organ donation in principle with 90% in favour in national surveys and 20 million people already on the organ donor register.

The decision to withdraw treatment needs to be done following the guidance and established good clinical practice of the GMC. It is a decision that should be made by at least two consultants. It is imperative that we always act in a patient's best interest and where there is **any doubt** about the appropriateness of withdrawal of treatment full active treatment is continued and the subject of organ donation is not considered.

Consideration of organ donation must only take place after a decision to withdraw treatment. Once this decision has been made in appropriate circumstances it should be considered to be a normal part of end of life care and discussion should take place with specialists in order to facilitate it when appropriate. Following the decision to withdraw treatment on any patient in the Emergency Unit, an automatic referral to the SNOD to assess suitability for donation should be made, prior to treatment being withdrawn.

Emergency Medicine Donation Pathway



2.0 Decision to withdraw treatment

Patients who require intubation and ventilation will receive this as part of their care, in line with good clinical practice on presentation.

Any patient in the emergency unit suffering from such a severe insult that they are thought to be approaching the end of their life, should have their capacity assessed as per Trust guidelines. In the event that the patient lacks capacity, a decision must be made on the patient's behalf with respect to the different treatment and management options, as to which course of action would be the least restrictive to the patient's future choices and is in their best interests.

You must consult with those members of family and friends who are closest to the patient, to establish their likely wishes, consider the most up to date evidence regarding the patient's condition and involve consultant input from other relevant specialities; emergency medicine, critical care, neurosurgery and senior nursing staff. A decision of futility and withdrawal of treatment must involve more than one doctor of consultant level.

The decision to withdraw treatment must be independent from any subsequent discussion regarding organ donation and must not involve members of staff involved in the transplant programme. Patients cannot be intubated and ventilated purely for organ donation reasons.

It is important to separate the discussion and explanation of futility and withdrawal of care from the patient's family with that of organ donation. Do not mention organ donation in the same interview as that in which the decision to withdraw is made.

In line with GMC guidance and the Mental Capacity Act 2005, the wishes of an individual with regards to organ donation should be ascertained as part of good end of life care.

3.0 Evaluation of suitability for organ donation

Following an evaluation of the overall benefits of treatment and a decision to withdraw treatment all patient should then be evaluated for their potential as organ donors.

Where the senior clinical team has decided that the injury or illness is not survivable then the SN: OD should be contacted. This is to establish facts regarding the patient's suitability for organ donation and whether or not they are on the organ donor register.

A potential donor **must** have been intubated and ventilated in the EU as part of their clinical management and prior to the decision to withdraw treatment. There will be clear documentation in the medical notes regarding the planned withdrawal of treatment.
Following the decision to withdraw treatment the SNOD will be contacted to establish whether the patient is on the organ donor register and potential suitability. This is to avoid unnecessary discussions with relatives that may prove subsequently futile.

If the potential donor is a coroner's case then provisional permission for donation must be sought from the coroner, this will be done by the SNOD.

3.1 Identification of the potential organ donor

NICE Guidance CG13
"Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation."

1.1.1 Organ donation should be considered as a usual part of end of life care planning.
1.1.2 Identify all patients who are potentially suitable donors as early as possible, via a systematic approach. Either

- Defined clinical triggers in patients who have a catastrophic brain injury. Namely the absence of one or more cranial nerve reflexes and a GCS of 4 or less that is not explained by sedation or
- The intention to withdraw life sustaining treatment in patients with a life threatening or life limiting condition which will, or is expected to, result in circulatory death

It may not be appropriate for the SNOD to attend the hospital at this time but it allows the SNOD to check the ODR, check for contra-indications and inform the hospital staff how far away they are if they do need to attend.

3.2 Critical Care Capacity Issues

The SNOD should contact the critical care consultant and nurse in charge to make enquiries regarding bed availability on critical care.

The potential organ donor should be managed on the critical care unit in order to best facilitate organ donation.

If there are capacity issues, this will need to be discussed with the consultant and nurse in charge and a solution arrived at where possible.

4.0 Consent for organ donation

The process of confirming and documenting consent to organ donation **must** be completely separate to that of the decision to withdraw treatment.

The approach must be centred on the wishes of the patient if these are known.

If timing allows, the team will wait for the SN: OD to arrive before making the approach to the family regarding donation.

If the SNOD is remote to your hospital and the delay is likely to be unacceptable they will:

- Check the ODR
- Make a plan with senior members of the ED team with regard to them approaching the family to initiate donation discussions.

When the SN: OD arrives, after assessing the patient's notes they will be introduced to the family, assess their understanding of the situation and at the appropriate time make the approach for organ donation.

The timing of the approach is important. It should only be made when the family have acknowledged the futility of further active treatment and accepted the decision that it is in the patient's best interests to withdraw treatment.

A collaborative approach between the SNOD and the consultant caring for the patient should be considered whenever possible.

5.0 Timing and process of withdrawal of supportive therapy

At all times care of the patient will be directed towards maintaining their continued comfort and dignity.

For patients for whom there is a clear commitment to organ donation, arrangements will be made to transfer to the critical care unit to facilitate this.

In the event that the patient is not deemed suitable for organ donation or if the family do not give consent, then treatment will be withdrawn in the emergency unit and the patient transferred to a suitable environment for end of life care.

The patient will not be admitted to critical care unless the family have agreed to donation.

Maintenance of life sustaining treatment may be considered to be in the best interests of someone who wanted to be a donor, if it facilitates donation and does not cause harm or distress. For instance increases in oxygenation, inotropic drugs and siting of new venous cannulae.

The physician caring for the patient in the ED should contact the critical care consultant/ registrar to hand the patient over. **It should be clearly documented in the notes by the ED doctor that treatment is to be withdrawn and that consent for organ donation has been obtained.**

When the patient arrives in critical care, they need to clerked and it must be documented that they are on the end of life pathway. The Cardiff and Vale UHB guidelines for Donation after Circulatory Death or donation after brain death now apply as appropriate.

Documentation and Checklist for Potential Organ Donor in EU

Affix ID label here

Name of SN:OD : _____ _
Time of Referral :_____
Date of Referral : _____
Name and Grade of Referrer : _____

Diagnosis :

_____
_____
_____

Decision regarding withdrawal of treatment.

Time and Date: _____
EU Consultant (Print Name):_ _____
ITU Consultant: (Print Name) _____
Neurosurgical Consultant: (if clinically appropriate) _____

Documentation regarding diagnosis and planned withdrawal of treatment in patient notes? Yes/No

The specialist nurse for organ donation will not proceed to approach the family until the decision to withdraw treatment has been made by senior clinicians and it has been documented in the notes.

Discussion with family members: (Please briefly note the names and relationship of key family members)

_____
_____

Have the family been told the diagnosis? Yes/No

Are the family aware of the decision to withdraw treatment? Yes/No

Do the family appear to have accepted this information? Yes / No

Do the family seem ready for the approach for organ donation? Yes/No

Has consent been given for organ donation? Yes/No
Prior to transfer to ITU for organ donation, it must be clearly documented in the notes that there is a plan to withdraw treatment and that consent has been gained for organ donation.