

CHECKLIST for Nurses

PATIENT INFORMATION

Name: _____

Organs Being Recovered for Transplant: _____

Tissue Being Recovered for Transplant: _____

NBOTP Staff Contacts

Organ Donor Coordinator (ODC): _____ Cell #: _____

Organ Donor Coordinator (ODC): _____ Cell #: _____

Tissue Bank Specialist: _____ Cell #: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Assist with Neurological Determination of Death with MD, RT and ODC | Yes | No |
| • Ensure Certification of NDD is signed | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure NB Registration of Death form is signed | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Consent: obtained by ODC and signed by NOK | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. General Monitoring and patient positioning | | |
| • Vitals q1h | <input type="checkbox"/> | <input type="checkbox"/> |
| • Continuous Arterial Line Pressure monitoring | <input type="checkbox"/> | <input type="checkbox"/> |
| • Continuous ECG monitoring | <input type="checkbox"/> | <input type="checkbox"/> |
| • Continuous pulse oximetry monitoring | <input type="checkbox"/> | <input type="checkbox"/> |
| • Urine catheter to straight drainage – Strict intake and output q1H | <input type="checkbox"/> | <input type="checkbox"/> |
| • Turn and position q2h | <input type="checkbox"/> | <input type="checkbox"/> |
| • Elevation of the head at 45 degrees when possible, otherwise greater than 30 degrees | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HLA testing: | | |
| • Draw 8 ACD (light yellow/Solution B) 6 ml tubes and 2 EDTA (lavender) 4 ml tubes,
At the request of the ODC | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Serology Testing: | | |
| • Draw 5 SST (Gold) 5 ml tubes at the request of the ODC | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Testing for Tissue Donor: | | |
| • Draw 2 SST (Gold) and 2 EDTA (Lavender) and mark "ATTENTION"
NB Eye and Tissue Bank and send to in-house lab | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Initially Labs and Tests: | | |
| • Electrolytes, urea, creatinine, glucose random, Calcium, Magnesium,
Phosphate, ALK, Bilirubin, AST, ALT, LDH, CK, Troponin, arterial lactate,
CBC, PT-INR, PTT, non-fasting lipid profile, serum osmolality | <input type="checkbox"/> | <input type="checkbox"/> |
| • GGT (Moncton/Miramichi and Fredericton/URV) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lipase (Moncton/Miramichi and Saint John) | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
<ul style="list-style-type: none"> • Pancreatic Amylase (Fredericton/URV) • Type and Screen (hold 4 units on call to OR) • Urinalysis, albumin/creatinine ratio • Urine culture, Sputum culture, Blood Cultures X 2 (one peripherally, one from an existing line) *identify all cultures as Organ Donor* • CXR • ECG 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. Cardiac ECHO (Only to be done after NDD confirmed) <ul style="list-style-type: none"> • Ensure ECHO form is completed 	<input type="checkbox"/>	<input type="checkbox"/>
9. Bronchoscopy with bronchial washings (right and left if possible), gram stain and culture, culture for fungus, and culture for Mycobacteria (TB) <ul style="list-style-type: none"> • Ensure Bronch Form is completed 	<input type="checkbox"/>	<input type="checkbox"/>
10. Obtain Weight _____ Height _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Q2H <ul style="list-style-type: none"> • Recruitment Maneuver followed by 20-minute Lung Challenge • Arterial blood gas (ABG) 20 mins following recruitment maneuver 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. Q6H <ul style="list-style-type: none"> • ABG, electrolytes, glucose random, urea, creatinine, arterial Lactate 	<input type="checkbox"/>	<input type="checkbox"/>
13. Q12H <ul style="list-style-type: none"> • CBC, AST, ALT, bilirubin, PT-INR, PTT, ALK, CK, LDH, troponin • Lipase (Moncton/Miramichi and Saint John) • Pancreatic Amylase (Fredericton/URV) 	<input type="checkbox"/>	<input type="checkbox"/>
14. Q24H <ul style="list-style-type: none"> • Blood Cultures x 2, Urine Culture, Sputum Culture, CXR, ECG 	<input type="checkbox"/>	<input type="checkbox"/>
15. Coroner to be notified after NDD declared if Coroner's case <ul style="list-style-type: none"> • If bloods requested, send 2 x 10.0 mL plain red top tubes, 2 x 6.0mL grey top tubes. Send to in-house lab with label marked "Hold for coroner" 	<input type="checkbox"/>	<input type="checkbox"/>
16. Prior to OR <ul style="list-style-type: none"> • 6 hours prior to operating room (OR) for organ recovery, hold feeds and aspirate gastric contents • Complete OR checklist and required paperwork for OR 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>