UPMC Presbyterian RN DCD Team Training Overview – DCD Process from Referral to OR

UPMC LIFE CHANGING MEDICINE

A Donate Life Organization
A Little About UPMC Presby

• 8 ICUs + Level 1 ED
• 757 beds, 146 ICU
• Multi-program TXC
  • Heart, lung, liver, kidney, pancreas, small bowel
• Innovative donor support teams (MD & RN)
• HRSA Medal of Honor Winner
• HAP Gold and Platinum award winner
Identifying the need for an RN DCD Team

Comprising only about 20% of all organ donors at UPMC, the DCD donor pathway is a low-volume yet high-risk process. Potential for DCD donors exists in each of the hospital’s 8 ICUs, a range staffed by more than 600 nurses. Ensuring the confidence and proficiency of 600+ ICU nurses remains a chief challenge of the DCD pathway, as the infrequency of DCD donation creates an inherent unfamiliarity with the process and remains a persistent threat as errors have high potential to compromise patient safety and create professional implications for those providing treatment. To best facilitate observation of the patient’s comfort and proper medication administration, on-site presence of a second nurse in the peri-operative setting has repeatedly been identified as a “best practice” during routine After Action Reviews (AAR).

**Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>9-9:15</td>
<td>Welcome, Intro, &amp; DCD Process Overview</td>
<td>Kate &amp; Amy</td>
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<tr>
<td>9:15-9:45</td>
<td>Review of Required DCD Paperwork</td>
<td>Kate</td>
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<td>9:45-10</td>
<td>Transition from ICU to OR</td>
<td>Dr. Elmer</td>
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<td>10:10-11</td>
<td>Sim Man DCD Simulation</td>
<td>All</td>
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Referral made to CORE

Family & Provider discuss about POC

CORE evaluates; follows pt

CORE updated by hospital; CORE on site

CORE approaches family; Authorization obtained

Timeframe established for CMO. CORE obtains labs/tests & allocates organs

DCD Team RN arrives to unit 2h prior to OR. Organizes huddle with Bedside RN, OPO, and ODST

Family elects for CMO care. Discussion transitioned to include CORE

All organs allocated; OR time set

Pt proceeds to OR for extubation

Pt extubated. Warm Ischemic Time (WIT) starts at time of extubation.

Pt must CTB within 60-120 minutes for organ recovery to occur

Pt returns to ICU for continued CMO care

Family escorted from OR. Organ recovery ensues

Pt CTB
4 Hour Time Breakdown: Expectation for DCD Team Nurse

Arrive to unit - Huddle with RN, ODST, & CORE:
– Review paperwork (checklist, ethics consult, red pack)
– Verify EKG lead placement; connect extension tubing (if needed)
– Ensure RRT has vent + suction in OR suite
– Ensure DCD Bag on unit/ well stocked
– Ensure Remains Tracker initiated prior to ICU departure

Oversee safe ICU departure:
– Enter misc note “pt to OR for potential DCD donation; see paper record.”
– Ensure vitals captured q5 minutes on paper record while in transit
– Retrieve drug box from OR acudose & meet team in OR suite

Ensure proper documentation related to VS & medication administration
– Reconcile drug box with ODST & RN
– Return & re-stock DCD Bag to its home ICU
– Fax death certificate to ICC & make copies of documentation; slide under Amy’s office door
### Donation After Cardiac Death

**Authorization for Donation Verified**

- Authorization for organ donation by a valid driver's license, organ donor card, advanced directives, living will or from most of kinshipeligible, must be verified by the organ procurement coordinator.

**Decision to Withdraw Support Verified**

- Prior to any discussion of organ donation, a decision to withdraw the support must be made and the intent to change the patient's treatment status must be updated only (WOI) verified by UPMC staff.

**Physician Notification**

- The admitting physician of record or ICU staff physician caring for the patient prior to the authorization for donation must be aware of and agree with the change in treatment status to WOI and plan for organ donation.

**Ethics Consultation Completed**

- Ethics consultation must be obtained within 15 minutes of notification of the patient’s decision to proceed either orally or in writing.

**Removal Tracking**

- Removable tracking - remove patient tracking number from patient's record.

**Status Changed to Comfort Measures Only**

- Clinical staff (RN, MD, or MLP) Date Time

**Medication Verification Prior to Transport**

- Prior to transport, ensure sufficient volume of medications (prescribed, 'PRN', medications, etc).

**Donor ID Verified by Organ Procurement Surgeon**

- The surgeon is responsible for organ procurement and verify the identity of the deceased by the time that surgical preparation is undertaken and prior to the notification of death.

### Donation After Cardiac Death (DCD) Record Form

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**Breathing**

- Name/dose
- PRN Medications / Boluses given in the OR / RN to chart dose

**Continuous Infusion**

- Name
- Nursing department
- Time

**Organ Recovery Surgeon**

- Date Time

**RN Name (printed)**

- Date Time

**RN Name (signed)**

- Date Time

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UPMC DCD Paperwork
Remember: You are the GUIDE!
End Result:
Engaged RN DCD Team
THANK YOU!

“Thank you from the bottom of my NEW heart.”

– Adelaide Radbourne