BC TRANSPLANT An agency of the Provincial Health Services Authority	**Organ Donor Management Recommended Provincial Guidelines – Adult (NDD)**	**Patient Addressograph**

Standard Monitoring

☑ HR, BP, Temp., CVP, pulse oximetry q1h
☑ Cardiac monitoring
☑ CVC
☑ Arterial line pressure monitoring
☑ Urine catheter
☑ Hourly I & O's
☑ NG to straight drainage or continue feeds if tolerated
☑ Measure and record pt height, weight, and abdominal girths
☑ Pulmonary toilet and repositioning q2h
☑ 2 large bore peripheral IV sites if no CVC
☑ Warming blanket to keep temperature ≥ 35.0 °C

Medication

☑ Methylprednisolone 15 mg/kg (≤ 1 gm) IV q24h
☑ Vasopressin ≤ 2.4 units/hour (0.04 units/minute) IV infusion
☑ Fluconazole 400 mg IV q24h
☑ Vancomycin 1 gm IV q12h
☑ Ceftazidime 2 gm IV q8h

Donor Screening and Organ Evaluation

☑ Blood Type /Screen and 4 units packed red blood cells available on call to OR
☑ Draw blood for tissue typing/serology and send STAT to VGH Immunology Laboratory
☑ Laboratory and Diagnostic Testing - Listed in table below

Initial, then q6h & PRN	ABG, Electrolytes, BUN, Cr, glucose, Ca, Mg, PO4, CrCl or eGFR, Lactate CBC, platelets, PT/INR, PTT, AST, ALT, T & D Bili, Alk Phos, GGT, LDH, T-protein, Albumin, amylase/lipase Troponin I or T (while heart is under evaluation)
Baseline, then q24h & PRN	Cultures: blood, urine, sputum, and all drain sites; Sputum for Gram Stain Urinalysis (pH, Specific Gravity, protein, glucose, blood, RBC, WBC, Ketones) ACR (Albumin Creatinine Ratio) in urine Drug Screen (if indicated) CXR 12 Lead ECG 2D Echo, after declarations, fluid and hemodynamic resuscitation

Hemodynamic Monitoring and Therapy

Strive for and/or maintain the following target parameters:

- SBP 90-160 mmHg
- CVP 6-10 mmHg
- PaO2 >80 mmHg
- U/O 0.5-3.0 ml/kg/hr
- MAP >70 mmHg
- HR 60-120 beats/minute

If SBP < 100mmHg and/or Map < 70mmHg:

☐ Vasopressin 0.04 units/minute IV infusion
☐ Norepinephrine 0-20 µg/min IV infusion (or may use epinephrine, or phenylephrine, caution with doses > 0.2 µg/kg/min).
☐ Dopamine ≤ 10 µg/kg/min IV infusion (if Symptomatic Bradycardia)

If 2D Echo EF< 40% or hemodynamically unstable, consider hormonal therapy.

☐ L-thyroxine (T_4, Levothyroxine, Synthroid) 100 µg IV bolus followed by 50 µg IV q12h

If ABP ≥ 160/90 for more than 5 minutes, then:

Wean inotropes and vasopressors, and, if necessary:

☐ Nitroprusside 0.5–5.0 µg/kg/min **(If HR < 80)**

If Nitroprusside not available, consider Nitrogycerin 30 mcg/min, range 30-300 mcg/min, if heart rate less than 80 bpm.)

☐ Esmolol 100–500 µg/kg bolus followed by 100–300 µg/kg/min infusion **(If HR > 80)**

If Esmolol not available, consider Labetalol. With Labetalol, use initial dose of 2.5 mg to assess patient responsiveness. If effective, then consider 2.5 -10 mg IV prn.

Respiratory

Ventilator to AC mode at: Rate:_____ per minute (to keep pH and pCO_2 Normal)

Tidal Volume: _____ml (6-8 ml/kg IBW)

PEEP: _____cm H_2O (minimum of 10 cm H_2O)

FiO_2: _____ (<50%, lowest possible FiO_2 for pO_2>80 and SaO_2>95%)

- Keep Plateau Pressure <30
- Use Decelerating Inspiratory Waveform.
- Avoid AutoPEEP.

Provide mouth care q2h

O_2 Challenge: 100% FiO_2 with minimum PEEP 10 cm H_20, ABG's taken after 10 min

Recruitment maneuvers for oxygenation impairment or Atelectasis, as indicated:

☐ Recruitment maneuvers for oxygen impairment (PEEP 30 cm H2O x 30 sec)

☐ Sustained inflations (PIP@30cm H_2O x 30 sec.) whenever respiratory circuit broken for suction.

☐ CT of Chest, as requested by BCT (High Resolution – Non Contrast)

☐ Bronchoscopy and bronchial wash, as requested by BCT

Fluid and Electrolytes

☐ IV fluids_____ @_____cc/hr + previous hours urine output

If Diabetes Insipidus:

☐ Titrate therapy to urine output ≤ 3 ml/kg/hour

☐ IV Vasopressin infusion ≤ 2.4 units/hour (≤ 0.04 units/min), and/or

☐ Intermittent 1-desamino-D-arginine vasopressin (DDAVP) 1–4 µg IV then 1–2 µg IV q6h.

Electrolyte replacement as required:

☐ For K <3.8 give 20 mEq KCl IV prn

☐ For Ionized Ca <1.2 give 1gm CaCl IV prn

☐ For Mg <0.70 give $MgSO_4$ 5gm IV prn

☐ For PO_4 <0.80 give $NaPO_4$ 20mEq IV prn

Glycemia and Nutrition

☐ Continue enteral feeding as tolerated, if already initiated

☐ Continue parenteral nutrition, if already initiated

☐ **Coronary Angiogram (as requested by BCT) - Precautions**:

- Ensure normovolemia
- Low-risk radiocontrast agent (non-ionic, iso-osmolar), using minimum radiocontrast volume, no ventriculogram (Refer to BCT Reference Document "*Coronary Angiogram for Cardiac Donor Assessment*" at following link: BC Transplant Website Health Professionals - Forms

_____ _____

Date and Time PHYSICIAN SIGNATURE

These Guidelines adapted from: CCDT Medical Management to Optimize Donor Organ Potential: A Canadian Forum, 2004.