Case Study Presentation of Neurologically Aware Donation After Circulatory Death Candidates

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Objectives

• Present three case studies of neurologically aware donation-after-circulatory-death candidates.

• Provide information to stimulate conversation surrounding the consent, allocation, and recovery of organs from neurologically aware patients for donation after circulatory death.
I have participated in withdrawing support of a neurologically intact patient.

A. True  
B. False
Case Study #1

- 56 year old female, registered donor
- Admitted s/p fall from deck
- EMT husband found and intubated pt and began CPR prior to EMS arrival
- CT scan revealed severe cord laceration at C2 level with contusion from C1-C3
- No acute intracranial injury identified
- Family given prognosis of vent dependent quadriplegia
  - Withdrawal of care brought up by family
If this were your patient and family has initiated the withdrawal of care discussion, what would be your next step.

A. Contact the attending physician
B. Call Donor Alliance
C. Continue with withdrawal of care per family request
Case Study #1

• Hospital made referral for intubated pt with GCS <5 and family talk of withdrawal of care

• Sedation decreased
  – Tracking
  – Answering yes/no questions through blinking

• Ethics committee consulted by hospital staff
Case Study #1: Ethics Committee Decision

• Intensivist role
  – Withdrawal of care
  – Family present and in agreement

• OPO staff role
  – Donation – organ, tissue, eyes
  – Family present and in agreement
Case Study #1:
The Intensivist Conversation

• Family present
  – OPO Family Support present
• “Once for yes, twice for no”
• Neurological state assessed
• Ventilator dependent quadriplegic
• Life-sustaining measures withdrawn
  – Clarified that this would result in her death
Case Study #1: The OPO Approach

• Family and hospital staff present
• At the time of death organ donation would occur
• Authorization completed by husband
• Pt included in process
• Questions answered
Case Study #1: Transplant Center Response

• Challenges identified
  – Questions regarding neurological awareness
  – Questioned the appropriateness of withdrawal of care

• Ethics committee decision supported family and pt autonomy

• Continued collaboration surrounding the topic
Case Study #1: The Recovery

- Comfort care measures per hospital
- Hospital OR staff preparation
  - Withdrawal of care in OR
  - No pre-OR prep done
- Liver: Cytonet
- Kidneys: shared regionally
OPO & Transplant Center Collaboration and Conversations

• Local transplant center request for ethics committee review

• OPO Ethics Committee retrospective case review
  – No ethical conflict

• Transplant center conversations and collaboration
Case Study #2

- 45 year old male, registered donor
- Admitted after being found down with L sided weakness
- CT revealed basilar arterial thrombosis
- Cerebral angiogram x2
Case Study #2

- Hospital made referral after withdrawal of care brought up by family
- Propofol drip
- Sedation decreased
  - Opening eyes on command
  - Tracking movements
Donor Alliance presents to you that patient opens his eyes and tracks movement. What would be the next appropriate action?

A. Continue with an evaluation
B. Tell the family that they cannot withdrawal care
C. Consult the ethics committee
Case Study #2

• Organ evaluation stopped
• Hospital re-evaluated patient
• Ethics committee consulted by hospital staff
Case Study #2: Ethics Committee Decision

• No ethical conflict
  – Pt must be included in conversation

• Family had right to decide to withdraw care
Case Study #2: The Intensivist Conversation

• Family and hospital staff present
  – OPO staff not present
• “Once for yes, twice for no”
• Neurological state assessed
• Ventilator dependent
• Withdrawal would result in death
Case Study #2: The OPO Approach

- Pt approached
  - Family and hospital staff present
- Organ donor in the event of his death
- Authorization completed by pt’s wife
- Pt not included in conversation per family request
Case Study #2: Transplant Center Response

- Questioned ethics committee involvement
- Much smoother process
- Continued collaboration
Case Study #2: The Recovery

• Comfort care measures per hospital

• Hospital OR staff preparation
  – Withdrawal in PACU per family request
  – No pre-OR prep done

• Kidneys: shared nationally
Case Study #3

- 47 yr old male
- In hospice care at home for ALS
- Wanted to be extubated in hospital
- Contacted by California OPO
Case Study #3

- Visited family and patient at home
- Med/Soc completed by patient and wife together
- Discussed process, expectations, questions
Case Study #3

• Extubation in ICU room
• Comfort care given per hospital staff
• Kidneys placed regionally
• Liver placed for research
• Heart placed for valves
Hospital Collaboration

Key Players

ICU RN
OR Director
OR Charge
Chaplain
ICU MD
HD
ICU Director
Admissions
What have we learned?

Communicate, communicate, communicate

Conversations early and often

- Be proactive
- Involve the right people

Collaboration is key
When I have a neurologically intact patient who wants to have support withdrawn, I am going to:

A. Let the next shift figure out what to do.

B. Contact Donor Alliance for donation options.

C. Proceed with withdrawing support, regardless of donation wishes.
• Discussion at your table