

Frequently Asked Questions: [Organ Donation Process – Brain Death and Donation after Circulatory Death](#)

- ***What is the difference between the BD pathway and DCD pathway?***
 - Brain Death is declared by the hospital physician and is the legal time of death. Donor Alliance can care for and write orders during the organ evaluation process because the patient is deceased. The organ procurement surgery begins while the heart is still beating.
 - DCD (Donation after Circulatory Death) donors are not brain dead as they have some brainstem reflexes. The care of these patients therefore must remain under the hospital physician during the organ evaluation process. The organ procurement surgery starts after the heart has ceased to function and death is declared by hospital personnel.
- ***For DCD patients, why do orders need to come from the Hospital providers but for brain dead patients, the orders come from Donor Alliance?***
 - Donor Alliance places orders on brain dead patients since they are legally dead. It is not ethical for Donor Alliance to write orders on a patient who is not legally dead.
 - DCD patients are not deceased until cardiac time of death, so Donor Alliance must work with hospital staff to place orders under the hospital attending.
- ***Why do you need consent for additional procedures during some cases, but not all?***
 - In brain dead cases, the donor registry or authorization covers additional procedures needed to assess organ function since the patient is declared legally dead.
 - In DCD cases, additional consent may be sought for certain testing or procedures as the patient does not have a time of death.
- ***What is the role of the bedside RN during an organ donation case?***
 - Donor Alliance will partner with the bedside RNs in BD and DCD cases to administer medications, draw labs, plan for additional testing to optimize organ function (cardiac catheterization, bronchoscopy, etc).
 - An RN and RT will come to the OR for a DCD case to administer comfort care medications per hospital protocol and extubate the patient for end-of-life.
- ***Why don't we give sedatives to brain dead patients?***
 - The definition of brain death is “the irreversible loss of function of the whole brain, including the brain stem.” It is not possible for a clinically brain dead patient to feel pain, so Donor Alliance does not provide sedation or anesthesia during donor case management. Brain death is declared by a hospital physician and not by Donor Alliance.
- ***Is the large dose of Heparin safe for the patient or is it in some way hasten their death?***
 - Heparin is given immediately prior to withdrawal of ventilator support on a DCD candidate in the OR. The goal of this intervention is to minimize clotting within organs during the period when there is no active perfusion. A separate consent for heparin administration is signed by the family at time of authorization.
 - Despite heparin administration, some donors do not expire in the time frame required for organs to be procured.