

Frequently Asked Questions: Donor Case Medications and Treatment

- ***What is the focus for treatment for donation?***
 - Optimizing organ function – adequate blood pressure, lung recruitment, appropriate fluid status
 - Providing data to transplant centers based on UNOS policy – UNOS requires certain information to be available prior to running lists for organs (echo for heart, bronchoscopy for lungs, etc.). (UNOS – United Network of Organ Sharing)
- ***Why does donor Alliance give T4, high dose steroids, and high dose insulin in brain dead cases?***
 - T4: The brain death process depletes circulating stores of T4, leading to the body's inability to regulate vasomotor tone and subsequent hemodynamic instability. Administration of continuous T4 works at the metabolic level to move the body from anaerobic to aerobic metabolism and achieve normal hemodynamics without vasopressors. [JAMA Surgery Article](#)
 - High dose steroids: During the brain death process, the body releases catecholamines in an attempt to perfuse the brain. Brain dead donors require high dose steroids to replace what they can no longer organically produce. Steroids also work in conjunction with T4 to restore hemodynamic stability.
 - High dose insulin: Brain dead patients are extremely insulin resistant. It is important to maintain appropriate blood glucose levels during the donor management period, and large doses of insulin will be required to achieve that.
- ***Why does Donor Alliance need so many blood tubes? Is this different then what is ordered on the patient?***
 - UNOS policy requires labs to be drawn on a regular schedule for ongoing assessment of organ function.
 - Additionally, Donor Alliance must draw enough blood for extensive tissue typing and serology testing on every donor. This is required to be resulted prior to any organ match lists being run.
 - During organ allocation, transplant centers may request additional blood samples to be shipped for cross matching. This tests the potential recipient's serum against the donor's to ensure the risk of organ rejection is low.
- ***Why does Donor Alliance make organ offers on livers from donors with a history of alcohol or drug use, or lungs of donors with a smoking history?***
 - Donor Alliance will evaluate all organs for possible transplantation and allow individual transplant centers to make the final determination on appropriateness for transplant. Not all donors with a history of alcohol, tobacco or drug use will have long-term evidence of such during organ evaluation, and many of these organs go on to be successfully transplanted.
- ***Why are certain antibiotics started after the donation process?***
 - Donor Alliance covers all potential donors with broad spectrum antibiotics as a preventative measure. If the donor is already on targeted antibiotics for a known infection, the broad spectrum may not be necessary.
- ***Why are so many labs and imaging done? Who pays for these?***
 - UNOS policy requires labs and imaging be done at regular intervals and this information be provided to transplant centers. Any labs, imaging, and testing related to a donor case is paid for by Donor Alliance. There is no cost to the donor family for organ or tissue donation.