

Case Study Presentation of Neurologically Aware Donation After Circulatory Death Candidates

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2012 DONATION SUMMIT

it's about time...

Objectives

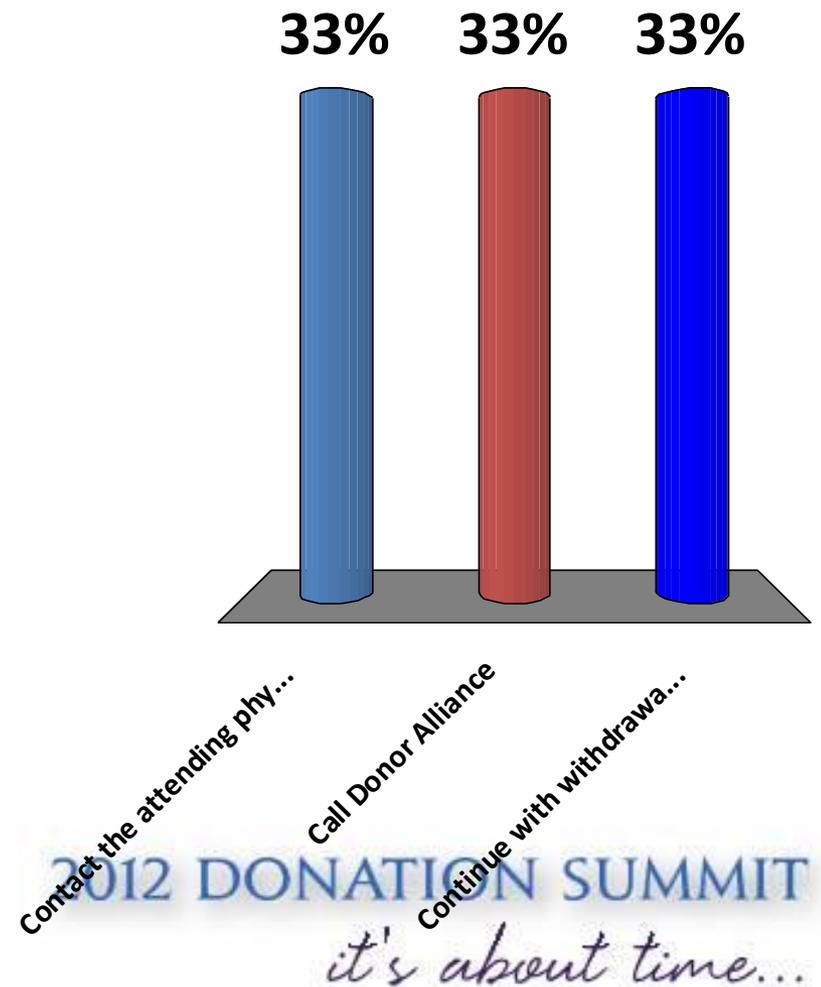
- Present two recent case studies of neurologically aware donation after circulatory death candidates.
- Provide information to stimulate conversation surrounding the recovery and allocation of organs from neurologically aware donation after circulatory death candidates.

Case Study #1

- 56 year old female, registered donor
- Admitted s/p fall from unfinished 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- Life-sustaining measures withdrawn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

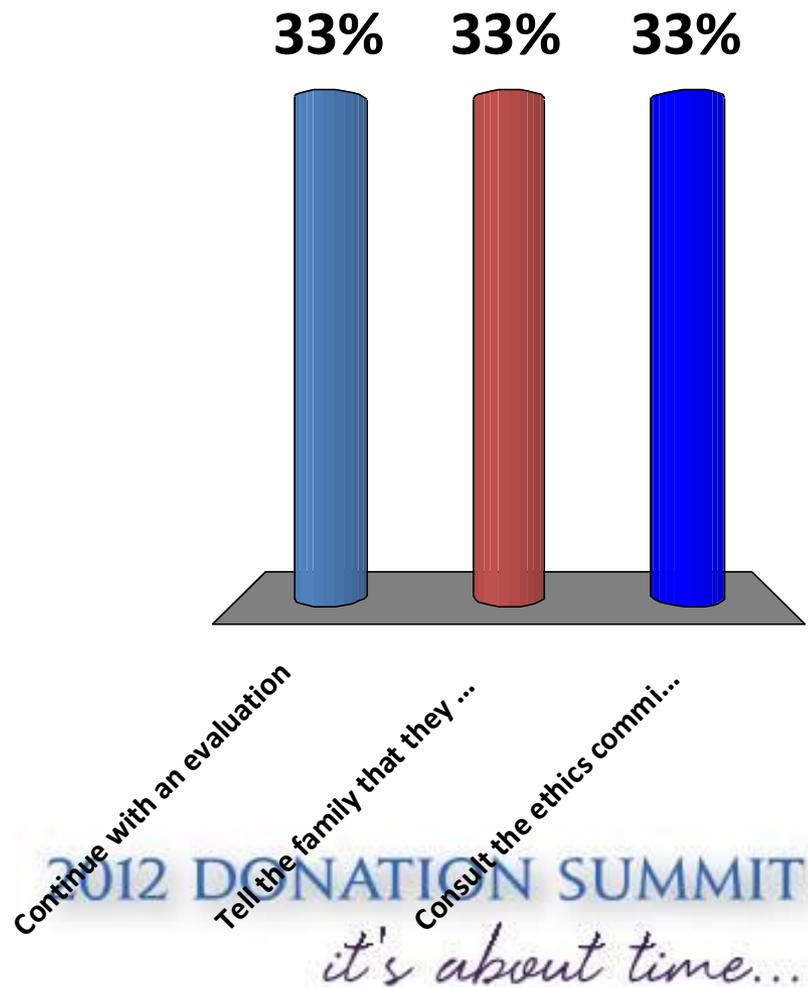
- 45 year old male, registered donor
- Admitted after being found down with L sided weakness
- CT revealed basilar artery thrombosis
- Cerebral angiogram x2

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

- Discussion at your table

Questions?

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