

# 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

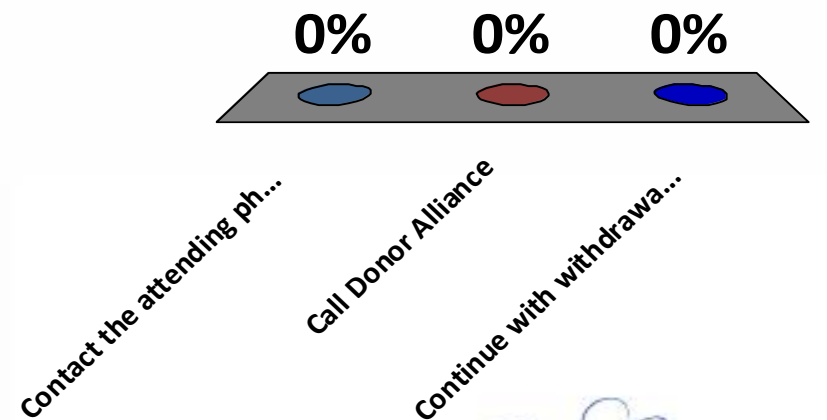


# Case Study #1

- 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- Life-sustaining measures withdrawn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

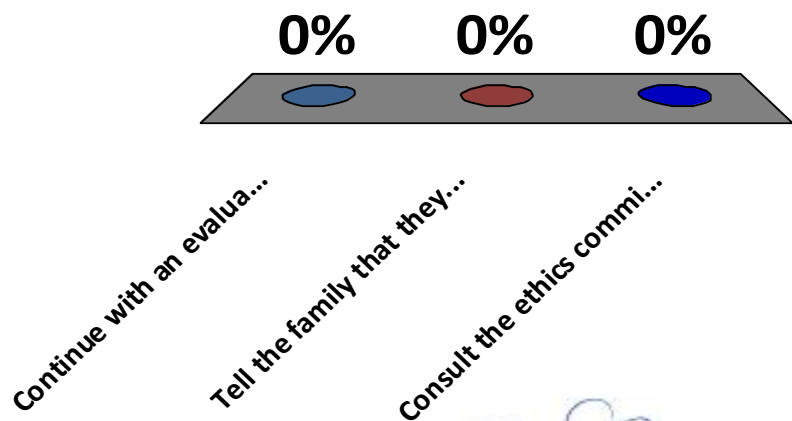
- 45 year old male, registered donor
- Admitted after being found down with L sided weakness
- CT revealed basilar arterial thrombosis
- Cerebral angiogram x2

# 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

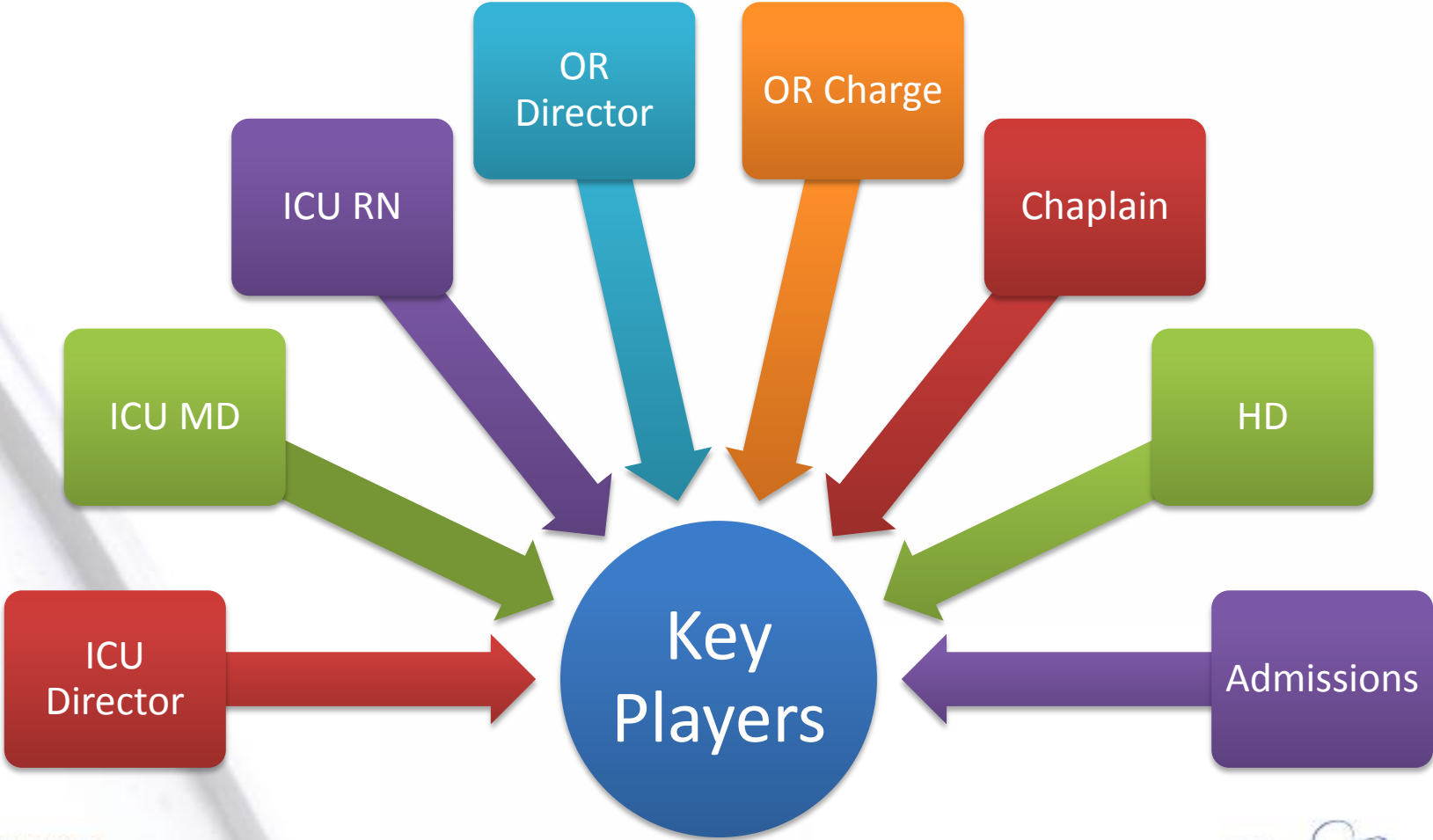
- Visited family and patient at home
- Med/Soc completed by patient and wife together
- Discussed process, expectations, questions

# 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



# What have we learned?

Communicate, communicate,  
communicate

Conversations early and often

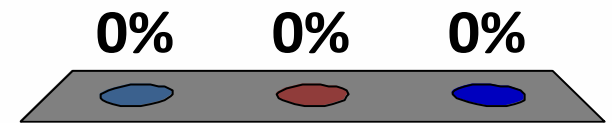
- Be proactive
- Involve the right people

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.



Let the next shift figure 0...

Contact Donor Alliance f..

Proceed with withdrawin...

- Discussion at your table