

Season 4, Episode 3: Nursing Considerations with Organ Procurement Show Notes



Nursing Considerations with Organ Procurement

When the patient is now donating their organs, there are a lot of things that are now the responsibility of the nurse. In this episode, we discuss what it practically looks like to prepare a patient for organ procurement and some of the variations of the process, as well as our own experiences.

Organ Procurement

What is organ procurement?

- Done in critical care

- It is procuring organs from someone who has passed away and giving them to people who need them.
- Don't say harvesting - say procuring.

Organ Procurement Organizations

Organ Procurement Organizations are also called OPOs.

- **What the OPO's job includes:**
 - After they get a referral about a patient, they will delve into the patient's chart.
 - They do not talk to the patient's family
 - They look to see which organs could potentially be donated.
- What affects the types of organs that can be donated:
 - Lab work
 - Past medical history
 - Age
 - Comorbidities
 - Trauma
 - More and more!
- Reasons you don't bring this up with telling the family
 - Bringing up organ donation is not the responsibility of the nurse! Do not do this! If the family asks you about it first, you can field questions. However, do not ask them ever. This is out of our scope.
 - The referral is made to the OPO to pre-screen the individual to see if the patient would even be eligible to donate IF they wanted to - many things can make it so someone can't donate. This pre-screening prevents unnecessary emotional conversations. If the patient is not able to donate due to labs/other diseases/trauma/etc. then there's no need to chat about this.
 - **Remember, organ procurement is an ethically-sensitive situation**
 - If you're not sure if you can say something - exercise caution and don't say it, chat with your OPO rep who you've talked to first
 - In many cases, tissue and eye donation can be done (at the funeral home) if organs cannot be donated. Again, this is out of the nurse's scope to decide this.
 - Your job is to notify the OPO when triggers are met (which are listed below), and follow their instructions. That's it. Don't take it upon yourself to have conversations about donation with the family.
 - Legally you cannot deny a patient or their family the opportunity to donate their organs.
- Know your facility's policies in regards to how and when to notify OPOs.
- When to call OPOs
 - GCS less than 5
 - Glasgow Coma Scale - the level of unresponsiveness
 - Made up of the eye, verbal and motor response
 - Imminent death

- The family is wanting to withdraw life support

What Happens After Death is Imminent and OPOs are Notified

What happens after all tests prove the patient is declared brain dead and OPOs have been following?

- First, gain consent.
 - **Types of Consent**
 - First Person Consent - varies by state. If you state on your driver's license that you are an organ donor, you already gave your consent. You can also carry a donor card.
 - Next of Kin Consent - the health care power of attorney or next of kin
 - Donor Card
- After death is declared, a nurse's documentation changes.
 - No longer about saving the patient's life.
 - Focus changes to maintain organ *perfusion*.
 - We have gone from *life support* to **organ support**.
 - The ventilator is supporting the organs, not the person.
- Next, do lots and lots of lab work.
 - Central line placement
 - Arterial line placement
 - Why do the labs?
 - Tissue Markers
 - Blood Type
 - They all have to be sent out to see who may be a match
- Anticipate issues
 - When patients are in the process of being declared brain dead they are in a state of hypotension.
 - Give them medications to throw them into a thyroid storm to get them off suppressors and raise their blood pressure.
 - There is a long list of medications we give from the beginning throughout the entire procurement process.
- The moment the patient is declared brain dead care is dictated by the OPO.
 - This is typically listed on the death certificate
- Types of tests that might be run:
 - Blood work
 - Echo
 - Cath lab
 - Bronchoscopy
 - Neurogenic pulmonary edema

What Happens If A Patient Codes

We know what happens if a patient is declared brain dead, but what happens if a person codes?

- If the heart stops, do chest compressions on the way to the OR.
- They go to the OR to do the organ procurement immediately.

Kinds of Tests They Do for Various Organs

What are some of the different tests they run for different organs?

- Heart
 - Echo
- Lungs
 - Cath Lab
 - O2 Challenge
 - ABGs
 - Bronchoscopy
- Liver
 - Lab work
 - Ultrasounds of the liver
 - Ultrasound-guided biopsy
- Kidneys
 - Lab Work
 - INO - fluid amount
 - Ultrasounds
- Actual inspection of the organs by the transplant team is incredibly important.
 - Malignancy or other issues can hide and only be seen when the organs are inspected visually.

How to Prepare the Family if You Think the Patient is Brain Dead

If you think the patient is brain dead and there will be tests to verify, the family should be prepared.

- Don't use the term "brain dead." Use the phrase "I think the brain is no longer functioning" a lot.
- Brain death is scary.
- Talk to them about the reflexes that aren't happening.
- Always say, "I'm really concerned about your loved one. I'd really like to see more movement when I'm doing these things."

DCD - Donation After Cardiac Death

What is it and how is it managed differently?

- **Donation After Cardiac Death (DCD):**
 - Persistent Vegetative State - Patient is not brain dead
- There is an age limit - 55 years old or younger
- You need to let them pass first
- There are only certain organs that can be donated

- Most organs aren't being perfused correctly in this case
- Know the difference between cardiac death and brain death.
- They have a time limit of one hour to pass before organs are no longer usable.
- After the heart stopped, they have to be taken immediately to the OR (if they're not already in the OR) and organs are procured.