

RenDD2 Evaluate the reported potential for donation

OVERVIEW

This is a standard exercised by someone, typically a donor transplant coordinator, responding to the report of a possible organ donor by a practitioner or team of practitioners in a critical care unit. It is about reviewing the evidence and judging the desirability and feasibility of organising organ retrieval. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. Anatomy and physiology of the human body
2. Psychological care skills/loss counselling
3. How organs are obtained (e.g. living donation, deceased heart beating and non heart beating donation)
4. How organs are selected and matched (living and deceased donors)
5. Risks and benefits of transplantation (e.g. enhanced life prospects and lifestyle, side effects of immunosuppression, rejection, psychological issues)
6. Objections to transplantation and how to probe underlying thinking and how to counter it
7. The Human Tissue Act 2004 and its definition of consent
8. The Human Tissue Act 1961
9. The role of the coroner or procurator fiscal in consenting for organ donation
10. Circumstances when reference should be made to coroner or procurator fiscal
11. The legal frameworks used to protect organ donors, their families and the recipients
12. Legal, ethical and consent issues for organ and tissue donation for transplantation and research
13. Issues of maintenance of patient confidentiality in the critical care and donation contexts
14. Evidence of beliefs about donation and transplantation among informed and uninformed religious and cultural groups (e.g. typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
15. Criteria for heart beating and non heart beating donation
16. National documentation for donor assessment
17. Criteria for potential organ donors/criteria for organ donation and contraindications to donation
18. The referral process and sequence of events for referring potential donors

- 19.The use of and interpretation of invasive monitoring systems to assess suitability of potential organ donor
- 20.How to examine a potential organ donor
- 21.Taking a medical history of the potential organ donor
- 22.Anatomy and physiology of brain stem death
- 23.Guidelines for performing brain stem death tests (e.g. UK Code of Practice, Department of Health 1998)
- 24.Recommendations of the ICS Working Group on Organ Donation regarding observation for apnoea
- 25.Preconditions to testing for brain stem death
- 26.Reversible causes of coma
- 27.Clinical tests for brain stem death (inc. absence of brainstem reflexes confirmed by absence of papillary response to light, corneal reflex, vestibulo-ocular reflex, motor response to supraorbital pressure, gag reflex, cough reflex, respiratory movement when the patient is disconnected from the ventilator - consistent with the UK Code of Practice for the diagnosis of brain stem death and the recommendations of the ICS Working Group on Organ Donation)
- 28.Clinical management of an intensive care patient
- 29.Clinical management of a potential heart beating donor
- 30.Clinical management of a potential non heart beating donor
- 31.Supporting an organ donor (e.g. cardiovascular support, endocrine support, respiratory support, renal support, haematological support, temperature support)
- 32.Guidelines for withdrawal of treatment
- 33.Local protocols and guidelines for the administration of drugs and fluids in dying patients
- 34.How to break bad news
- 35.How to explain brain stem death
- 36.UKT family care protocol
- 37.The donation pathway
- 38.Local guidelines and protocols in relation to organ and tissue donation
- 39.How to consult the national Organ Donor Register to see if the potential donor is registered (via the UKT duty office)
- 40.National potential donor audit and local performance
- 41.The roles of other members of multidisciplinary teams
- 42.Location, leadership and relationships within critical care units in your territory
- 43.How to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- 44.The importance of establishing rapport and how to do so
- 45.How to ask questions, listen carefully and summarise back
- 46.The importance of encouraging individuals to ask questions and how to do so
- 47.The religious beliefs of different cultures
- 48.The effects of different cultures and religions on care management
- 49.The principle of confidentiality and what information may be given to whom
- 50.The importance of involving individuals in discussions, and how to do so
- 51.How to negotiate effectively with individuals, families and other professionals
- 52.The principles of evidence-based practice, and how to apply them
- 53.Coaching skills

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.confirm with a clinician for the patient in question either the exclusion of reversible causes of unresponsive apnoeic coma and diagnosis of cause of irreversible brain damage and indications from tests of brain stem death or that continued treatment is considered futile
- 2.review with the reporting practitioner possible obvious contraindications that are already apparent (HIV positive, VJCD)
- 3.report information indicating which organs and tissues are likely to be suitable for donation through interpretation of information given and further questions
- 4.evaluate a patient against criteria, protocols and guidelines of the donation service for identifying potential donors
- 5.identify the circumstances of the illness or accident in order to anticipate any referral to the civil authorities (e.g. police, coroner, procurator fiscal)
- 6.estimate, from the likely progress of the patient, if there is sufficient time available to organise donation before the condition of organs is compromised
- 7.confirm that the care of the patient is being managed respectfully and in a way consistent with their condition, the possibility of donation and the feelings of any family present (e.g. cardiovascular support, endocrine support, respiratory support, renal support, haematological support, temperature support)
- 8.confirm that the patient's family are at the unit or have been called and told of the seriousness of the situation
- 9.check what evidence exists of any expressed wish of the patient for donation (eg donor card among the patient's possessions, by checking the national Organ Donor Register, suggestion from the family)
- 10.explain your reasoning when you decide that donation should not be requested (e.g. contraindications)
- 11.arrange to go to the critical care unit as soon as possible
- 12.advise the reporting practitioner of what you will now do and what information they should give to colleagues and the patient's family (e.g. if they have enquired about donation)
- 13.advise the reporting practitioner on how to handle any difficulties they or you foresee prior to your attending the critical care unit (e.g. with patient's family, with colleagues regarding the use of resources)
- 14.give the reporting practitioner positive feedback on their reporting on this possible donation

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: Core 1 Communication