PROACTIVE DETECTION PROGRAM AND MANAGEMENT OF POSSIBLE DECEASED DONORS

1. PURPOSE

1.1. To identify all potential donors at as early a stage as possible, which will facilitate donor screening and donor management.
1.2. To optimize the number of Potential Organ Donors coupled to the improvement of quality of their care.
1.3. To ensure that, as far as possible, any organs retrieved from a donor are of acceptable quality.
1.4. To optimize the service offered to family as care support.

2. DEFINITIONS

2.1. Procurement: the process that includes donor identification, evaluation, obtaining consent for donation, donor maintenance and recovery of organs, tissues or cells.
2.2. Recovery: the procedure of removing organs, tissues, or cells from a donor.
2.3. Death by Brain Function Criteria: determination of death by using the national protocol.
2.5. Possible Deceased Organ Donor: A patient with a devastating brain injury, lesion, or patient with circulatory failure and apparently medically suitable for organ donation.
2.6. Potential DBD Donor: A person whose clinical condition is suspected to fulfill brain death criteria
2.7. Eligible: A medically suitable person who has been declared dead based on the neurologic criteria as stipulated by the law of the relevant jurisdiction.
2.8. DBD: Donation after brain death
2.9. DCD: Donation after circulatory death
Proactive Detection Program And Management of Possible Deceased Donors

2.10. **SCOT**: Saudi Center for Organ Transplantation
   - 2.10.1. **SCOT-DMC**: SCOT Donor Medical Coordinator
   - 2.10.2. **SCOT-DAC**: SCOT Donor Administrative Coordinator

2.11. **RCO**: Regional Coordinating Office
   - 2.11.1. Regional Coordinating Office Donor Medical Coordinator
   - 2.11.2. Regional Coordinating Office Donor Administrative Coordinator

2.12. **H-DMC**: Hospital Donor Medical Coordinator
2.13. **H-DAC**: Hospital Donor Administrative Coordinator

2.14. **Attending Physician**: physician in charge of the patient care in ICU.
2.15. **PC**: Patient caring
2.16. **HSW**: Hospital Social Worker
2.17. **BSN**: Bed side nurse

### 3. RESPONSIBILITY

**3.1 Saudi Center for Organ Transplantation (SCOT):**
- 3.1.1 SCOT role is described in the “Directory of regulation of organ transplantation in Saudi Arabia 2014” Chapter 2: page 14-19. The SCOT is the highest body for control of the process of deceased organ donation.

**3.2 Regional Coordinating Office (RCO):**
- 3.2.1 The role of RCO in the organ donation is described in the “Directory of Regulations of Organ Transplantation in the Kingdom of Saudi Arabia” chapter 1: page 9-11, working under the authority of the SCOT team, keeps contact with SCOT coordinators, and follow their instructions.

**3.3 Hospital Director:**
- 3.3.1 Implement the national policy related to organ donation and transplantation. Chapter 1: General procedure for organ donation and transplantation in the Kingdom.
- 3.3.2 To nominate its H-DMC and the H-DAC in the donor hospital of SCOT.

**3.4 ICU Staff and Treating Physician** (physicians, director of ICU):
- 3.4.1 To understand and supports the policies and procedures related to organ donation and transplantation including the “Critical Pathway procedure chart”.
- 3.4.2 To be able to explain neurological death clearly to families.
- 3.4.3 Cooperate with the H-DMC in his duties related to organ donation process through an internal policy supervised by the head of the ICU.

**3.5 Bed Side Nurse (BSN):**
- 3.5.1 To help SCOT mobile Team, Doctor and Nurse, to get all donor data and results needed.
- 3.5.2 To cooperate with HSW in family support care
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3.5.3 To understand the use of clinical triggers (recognizing criteria) to identify patients who may be potential organ donors (or Potential Deceased Donors).

3.5.4 To understand the principles of the diagnosis of death using neurological or cardio respiratory criteria and how this relates to the organ donation process.

3.5.5 To refer the Possible Deceased Donor identified following the approved criteria to H-DMC.

3.5.6 To apply and follow the (Brain Death) BD determining Process using specific Monitoring Sheet.

3.5.7 To help DMC and MRP/ team in brain death diagnosis process.

### 3.6 Hospital Donor Medical Coordinator (H-DMC):

3.6.1 Be available via phone call on a 24-hour basis for H-DMC or his delegate working in a reasonable time frame in the ICU. However, DMC must adhere to current MOH legislation when using mobile.

3.6.2 Apply and control the protocol for identifying Possible Deceased Donors (Proactive Detection Program) on receiving case notification from donor hospital Team (e.g. Intensive Care Physician/Bed Side Nurse -BSN) by application of Glasgow coma scale.

3.6.3 Apply and follow the critical pathway of all Possible Deceased Donors (see SCOT directory of regulation).

3.6.4 Be responsible to notify to RCO-DMC and/or SCOT-DMC or SCOT-DAC at time any case from the first alert for identification.

3.6.5 Provide on-site advice for the best deceased donor management protocol to the donor hospital team.

3.6.6 Be available to provide any advice regarding deceased suitability for organ/tissue donation.

3.6.7 The RCO-DMC will notify the H-DAC to support Deceased Donor Family once the case is declared brain death.

### 3.7 Hospital Donor Administrative Coordinator (H-DAC):

3.7.1 To be assigned by the hospital director.

3.7.2 Preferably with experience in Saudi social/family support.

3.7.3 To identify the family (most principle members) using appropriate guidance sheet with the help of the HSW.

3.7.4 To ensure that the ICU staff and attending physician has informed the family about the death of the potential donor upon completion of the death confirmation protocol.

3.7.5 To coordinate with the RCO-DMC and DAC.

3.7.6 To arrange with the RCO-DAC or SCOT-DAC for family approach with the Family Approach Team. This is highly recommended as reassuring link for the family in approaching the families of the deceased for organ donation using the guidance sheet.
3.8 Hospital Social Worker (HSW):

3.8.1 To provide family support to all ICU possible organ donor patients.
3.8.2 To identify the family (most principle members) using appropriate Guidance Sheet.
3.8.3 To remind and support MRP/ team for early and repetitive contact with family using appropriate Guidance Sheets.
3.8.4 To be present during family approach with the Family Approach Team. This is highly recommended as reassuring link for the family.
3.8.5 To build up a relationship with family and help PC team to plan the type of support that family requires until the phase of The Official Announcement of Death. (Guidelines for Family Informational Support)
3.8.6 To submit copies from these three guidance sheets fulfilled to SCOT administrative coordinator.

4. POLICY

4.1. It is the policy of SCOT to develop organ donation program for coordination between hospital medical & nursing staff and SCOT to improve early detection and management of all Possible Deceased Donators.
4.2. Organ donation should be considered as a usual part of “end-of-life care” planning.

5. CROSS REFERENCE POLICY

DNR (Don’t Resuscitate Policy)

6. PROCEDURES

6.1 Donor Identification

6.1.1 Identify all patients who are potentially suitable donors based on either of the following criteria:

6.1.1.1 Defined clinical trigger signs in patients who have had a catastrophic brain injury, comatose, on ventilator, and more than 6 hours have passed since the initial insult, refer to (Diagnosis of death by brain function criteria – by SCOT).

6.1.1.2 The intention to withdraw life-sustaining treatment in patients with a life-threatening or life limiting condition which will, or is expected to, result in circulatory death.

6.1.2 For patients identified under 4.1.1, Donation after Brain Death (DBD), the bedside nurse report the case as possible Organ Donor, to the DMC.
6.1.3 For patients identified under 4.1.2, Donation after Circulatory Death (DCD) please refer to non-heart beating organ donation –SCOT for further information and guidance.

6.1.4 The DMC uses a SCOT kit to discriminate possible Organ Donor.

6.1.5 The DMC calls regional SCOT mobile team leader (free toll number) to notify him personally and enters immediately the data of any reported patient (Patient name, Department, MRN, Nationality, Blood group, and Age) who met the identification criteria on Detection List of Potential Organ Donors on SCOT Online Application. Automatic SMS

6.1.6 If no cases are detected, DMC has to login into the online application and report that there are no cases at least every 24 hours.

6.2 Donor Screening

6.2.1 The DMC selects the patients to be followed as potential donors based on Absolute Contraindications for Organ Donation as primary screen using:

- 6.2.1.1 Support Sheet HDBD-01: “Selection Criteria for Organ Donation following Absolute Contraindication”.

- 6.2.1.2 Support Sheet HDBD-02: “Guidance Criteria for Accepting an Acute Infection State”

6.2.2 Once the patient is selected after the primary screen to be followed as Potential DBD Donor, DMC commits with PC Team to start specific care management for maintenance (with clinical assessment of Brain Stem Reflexes).

6.2.3 DMC initiate the manual and online RED SHEET for the case to be updated regularly and timely as described. (Monitoring Sheet HDBD-02:“Determining Brain Death Donor Process”).

6.3 Donor Care Management

6.3.1 While completing brain death determination and certification, obtaining appropriate consent, and fulfilling legal requirements, it is necessary to maintain the potential donor in a medical condition, which will maximize the viability of the organs. Prevention of severe sepsis,

6.3.2 DMC will ensure that the Potential DBD Donor is admitted to ICU (if outside ICU) even if the patient has “Do Not Resuscitate” (DNR) order in his medical record.

6.3.3 DMC initiates on close collaboration with the PC Team, follows, and ensures that the management of the patient is according to “Guidelines for Management of Potential Deceased Donors”.( provide by SCOT)
6.4 Clinical Brain Death Assessment

6.4.1 DMC initiates and follows the Process of Brain Death determination and certification with MRP and PCTeam, using multiple support sheets and forms to complete the process following chronological steps: (red file)

Support Sheet **HDBD-01**: “Selection Criteria for Organ Donation following Absolute Contraindications” (second screen)

Support Sheet **HDBD-02**: “Guidance Criteria for accepting an Acute Infection State” (second screen)

Support Sheet **HDBD-03**: “Preclinical Screen Conditions for BD Assessment”

Form Sheet **HDBD-01**: “Death Document Form by Brain Function Criteria as First Exam” In reverse side: National Protocol of KSA in Death Diagnosis by BD Function Criteria

Form Sheet **HDBD-02**: “Death Document Form by Brain Function Criteria as Second Exam” In reverse side: Apnea Test Protocol

6.4.2 During this process of DBD documentation and certification, Regional SCOT office (Mobile team) collaborate with both Local Coordination (Hospital Staff, DMC – BSN- Caring Physician – HSW) and SCOT National Coordination in Riyadh, for:

6.4.2.1 Getting all data and results needed for medical validation of the donor.

6.4.2.2 Recording all donor’s data (social – medical – investigation) fulfilling an appropriate SCOT Donor File to be transferred in National Data Base.

6.4.2.3 Discussing with National Medical Coordinator the donor fitness for donation and all medico-legal justifications needed for that.

6.4.2.4 Supporting hospital to unlock as possible any obstacle may happen in any of the following processes until retrieval.

6.4.2.5 Ensuring overcome and confidentiality in dealing with all processes.

6.5 Family Support Care: Informational Support

6.5.1 The HSW continue to work on the Family Support Care, reminds and support MRP Team and PC Team for repetitive contacts with family to inform about prognosis (contact2- contact3) using the same sheet to check.

Guidance Sheet **HDBD-02**: “Guidelines for Family Informational Support”
6.5.2 HSW prepares the adequate conditions for the announcement of death and assists with the MRP or Caring Physician and the BSN assigned.

Guidance Sheet HDBD-03: “Guidelines for Family Announcement of Death”

6.5.3 HSW coordinates closely with H-DAC and SCOT-DAC to submit copies from the three completed Guidance Sheets used as support documents in Family Support Care that is the Key Step in preparing approach.

6.6 Announcement of Brain Death as Death (Breaking Bad News)

6.6.1 Announcement of Death will be conducted by a team consisting of:
   6.6.1.1 MRP (main responsible);
   6.6.1.2 PC Team; and
   6.6.1.3 HSW who prepare the meeting with patient’s family and ensure that the team will follow the Guidance Sheet HDBD-03: Guidelines for Family Announcement of Death

6.6.2 Announcement of Death takes place once the documentation of death by brain function criteria is completed.

6.6.3 The message should be clear to them that their deceased relative has sustained an irreversible brain damage explaining that following full investigations and medical check-up, the patient is dead by brain function criteria.

6.6.4 No hope must be given to the family about their deceased patient and no weak or misleading statements should be used; e.g. (seriously ill or deep coma).

6.6.5 To give the family enough time to consider and comprehend neurological death and answer all their questions regarding brain death state.

6.6.6 Family Supportive measures should be continued after announcement of death by inviting them to visit deceased relative.

6.7 Family Approach

6.7.1 Family approach will be conducted by a team consisting of:
   6.7.1.1 HSW, H-DAC, in collaboration with RCO-DAC and SCOT-DAC.

6.7.2 The RCO-DAC in collaboration with H-DAC firstly reviews all FSW completed Guidance Sheets, then he has to follow the approved Guidelines For Family Approach About The Option Of Organ Donation: Guidance Sheet HDBD-04: “Guidance for Family Approach about the Option for Organ Donation”

6.7.3 The RCO-DAC in collaboration with H-DAC starts his communications with the next of kin once the file of the patient is checked by the SCOT Team Doctor and found that he is fit for organ donation.
6.7.4 In collaboration with the HSW, a meeting with the next of kin is arranged in proper time and place to discuss the possibility of organ donation.

6.7.5 The team members involved in convincing the next of kin to consent should be aware of the social and medical background of the donor.

6.7.6 Only written consent is accepted from the next of kin with two witnesses. If the potential donor is an expatriate, the family is contacted by telephone after some period from receiving the news of death of their beloved deceased relative. Authorization may be given to a relative living in the Kingdom of Saudi Arabia to sign the consent on his or her behalf. *(voice recorded consent or Skype)*

6.7.7 If the next of kin agreed for organ donation he or she would sign the SCOT approved consent form, which should be filed at SCOT.

6.7.8 Consent should always be confirmed in writing and the original consent should be attached to the medical hospital chart. (Appendix : SCOT Approved Consent Form).

Form Sheet HDBD-03:“Consent Document Form for Organ Donation.”

6.7.9 In case of unknown identity of the Potential Deceased Donor, the consent for organ donation should be signed from the official authorities *(Governor of the Region)*.

6.7.10 The coordinator will allocate the necessary time to the family, listen and respond to their needs:

6.7.10.1 If Refuse ➔continue Family Support.

if Consent ➔ Arrange for organ retrieval and harvesting, and transfer to operating room once surgical harvesting team comes and continue the post donation care of the Donor and his Family.

### 6.8 Arrangements for Organ Retrieval

#### 6.8.1 Organ Procurement and Distribution

6.8.1.1 Organ donating hospitals and transplant centers should not proceed with procurement of organs without coordination and permission from the SCOT, which is totally responsible for organ distribution according to priority criteria and national waiting list.

6.8.1.2 Once the consent is obtained, file of the donor should be re-evaluated by the medical coordinators, and then organs are offered to the transplant centers and full information should be communicated to them.
6.8.1.3 A definite answer of acceptance or rejection of the transplant centers to the offered organs within a reasonable time (e.g. 2 hours) should be documented by the SCOT.

6.8.1.4 The Distribution offer plan of organs should include:
   6.8.1.4.1 Kidneys are distributed to transplant centers according to their affiliated donor hospital and Zonal distribution.
   6.8.1.4.2 Livers are distributed by rotation to accredited centers according to the rules and regulations set by the SCOT and the national liver transplant committee.
   6.8.1.4.3 Hearts are distributed to the accredited centers according to priority criteria. If no suitable recipient for whole heart transplant is available, the allograft will be recovered to be a source for valves.
   6.8.1.4.4 Lungs are distributed to the accredited transplant centers, according to the wait list.
   6.8.1.4.5 Pancreases are distributed according to priority criteria to the accredited transplant centers.
   6.8.1.4.6 Corneas are distributed according to the affiliated transplant centers and zonal distribution.
   6.8.1.4.7 Bone tissue is distributed to the accredited transplant centers.

6.8.2 Arrangement for Organ Recovery
   6.8.2.1 Once the organ allocation plan is set, the SCOT medical and administrative coordinators should fix time for organ recovery.
   6.8.2.2 Transportation of the harvesting team should be planned carefully by the SCOT administrative coordinator according to the location of the donor hospital and number and types of recovered organs.
   6.8.2.3 The availability and readiness of the operating room in the donating hospitals for organ recovery should be arranged by the SCOT medical coordinator through the help of the medical coordinator of the donating hospital and the RCO.
   6.8.2.4 The harvesting procedure is detailed in appendix 14.
   6.8.2.5 A coordinator from the SCOT (medical, administrative or technician) should be present in the donating hospitals during organ recovery procedure with the recovery team.
   6.8.2.6 The SCOT coordinator double checks the accuracy of the medical and administrative data in the donor SCOT files and that they match with those of the patient’s hospital chart.
   6.8.2.7 The SCOT coordinator should ensure the smoothness of the flow of the organ recovery procedure and solve any obstacle related to it.
   6.8.2.8 In case of failure to recover any organ. The SCOT coordinator should ensure the issuance of a related report to the event by the harvesting team.
6.8.2.9 The SCOT coordinator should ensure the delivery of the recovered organs to the transplant centers according to the pre-set distribution plan.

6.8.2.10 The SCOT coordinator should ensure the maximum utilization of the allocated organs.

6.8.2.11 The SCOT has the right to modify any steps in the process of organ recovery such as:
   6.8.2.11.1 Timing of transportation and harvesting procedure.
   6.8.2.11.2 Priority of organ distribution according to any changes in the condition of the donors that dictate the urgency of recovery and the priority waiting list.

6.8.2.12 The SCOT coordinator, the donating hospital, the RCO for organ donation, and recovery team should consider the social issues and respect the family wishes to expedite the surgical procedures for organ recovery (e.g. early burial of the corpse).

6.8.3 Post Donation Care:
   6.8.3.1 The SCOT administrative coordinators should follow up the process of burial or transportation of the corpse to the native country for expatriates, and all the necessary administrative paper work for the funerals.
   6.8.3.2 The SCOT administrative coordinators should support the donor families.
   6.8.3.3 The HDAC and HSW in the donor hospital should offer social support to the donor family.
   6.8.3.4 The Council of Health Services will bear the cost of sending the body of the deceased donor to his homeland accompanied by one chaperone.

6.8.4 Certification of Death:
   6.8.4.1 The legal death certificate should be issued after the discontinuation of the mechanical ventilator support and the cessation of heart beating.
   6.8.4.2 Death certificate should be issued by the hospital where the recovery of organs is performed and should be signed by either the attending physician, intensive care physician or the anesthesiologist who has supervised the recovery operation.

7. FORMS

7.2 Monitoring Sheet HDBD-02: Determining Brain Death Donor Process.
7.3 Support Sheet HDBD-01: Selection Criteria for Organ Donation following Absolute Contraindication.
7.4 Support Sheet HDBD-02: Guidance Criteria for Accepting an Acute Infection State.
7.5 Support Sheet HDBD-03: Preclinical Screen Conditions for Brain Death Assessment.
7.6 Form Sheet HDBD-01: Death Document Form by Brain Function Criteria as First Exam (in reverse side: National Protocol of KSA in Death Diagnosis and Documentation by Brain function Criteria).
7.8 Guidance Sheet HDBD-01: Guidelines for Family Identification.
7.9 Guidance Sheet HDBD-02: Guidelines for Family Informational Support.
7.10 Guidance Sheet HDBD-03: Guidelines for Family Announcement of Death.
7.11 Guidance Sheet HDBD-04: Guidelines for Family Approach about the Option of Organ Donation.
7.12 Form Sheet HDBD-03: Consent Document Form for Organ Donation.

8. EQUIPMENTS


9. REFERENCES

9.1 Directory of Regulations of Organ Transplantation in the Kingdom of Saudi Arabia 2014
9.2 SCOT Protocols and Support Document
9.3 NICE RECOMMENDATIONS FOR ORGAN DONATION - UK Nov 2011
9.4 European consensus document Organ shortage: current status and strategies for improvement of organ donation
9.5 Guidelines for Professional: Nova Scotia Organ and Tissue Donation Program
9.6 Directory of the regulations of organ transplantation in the GCC countries.
9.7 Quebec Transplant Procedures
9.8 Crystal Action Program: French Agency of Bio-Medicine
9.9 UK TRANSPLANT: Standards of Practice for Donor Transplant Coordinators
9.10 UK Transplant: NHS Donor Family Care Policy
### 9.11 Intensive and Critical Care Nursing Journal: Supporting families in the ICU: a describing correlational study of informational support.  
[www.sciencedirect.com](http://www.sciencedirect.com)

### 9.12 Family Approach - Presentation of Daniel MAROUDY (International Consultant on Coordination related to French Biomedical Agency)


## 10. APPROVAL

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