

---

### Overview

This competence is exercised in critical care units where it is important to identify and refer all possible heart beating and controlled non heart beating organ/tissue donors to the donor transplant co-ordinator at the earliest opportunity in order to optimise donor management and outcome.

Users of this competence will need to ensure that practice reflects up to date information and policies.

# SFHRenDD1

## Identify potential donors among patients

---

### Performance criteria

*You must be able to:*

- P1 identify those patients with accident or illness that has led to unresponsive apnoeic coma or for whom continued treatment is considered futile (e.g. resulting from massive head trauma, intracranial haemorrhage, and hypoxic ischemic damage suffered during cardiopulmonary arrest)
- P2 identify, without specific examination, any apparent contraindications (HIV/AIDS, VCJD)
- P3 evaluate a patient against criteria, protocols and guidelines for the unit and the donation service for identifying potential donors
- P4 obtain evidence, without questioning family members, of any expressed wish of the patient for donation (e.g. donor card among the patient's possessions, by checking the National Organ Donor Register, suggestion from the patient's relatives)
- P5 discuss and agree with team colleagues the potential for donation, making the case for donation when you see the possibility
- P6 call the donor transplant coordinator to discuss the donation where brain stem death is the likely diagnosis or treatment is to be withdrawn
- P7 begin tests for brain stem death when preconditions for brain stem testing apply
- P8 manage the care of the patient 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)
- P9 respond honestly to the family's questions about the condition of the patient, providing detailed explanation when they request it
- P10 explain – if relatives suggest donation or enquire about whether donation is possible – the immediate steps you are taking, the involvement of the donor transplant coordinator and that in all cases donation may be possible or may not

# SFHRenDD1

## Identify potential donors among patients

---

### Knowledge and understanding

*You need to know and understand:*

- K1 anatomy and physiology of the human body
- K2 how organs are obtained (e.g. living donation, deceased heart beating and non heart beating donation)
- K3 how organs are selected and matched (living and deceased donors)
- K4 the Microbiological Safety of Organ and Tissues for Transplantation (NHS Executive 2000)
- K5 human Tissue Act 2004 and its definition of consent
- K6 human Tissue Act 1961
- K7 the legal frameworks used to protect organ donors, their families and the recipients
- K8 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- K9 issues of maintenance of patient confidentiality in the critical care and donation contexts
- K10 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)
- K11 contraindications to donation
- K12 the referral process and sequence of events for referring potential donors
- K13 how to examine a potential organ donor
- K14 anatomy and physiology of brain stem death
- K15 guidelines for performing brain stem death tests (e.g. UK Code of Practice, Department of Health 1998)
- K16 recommendations of the ICS Working Group on Organ Donation regarding observation for apnoea
- K17 preconditions to testing for brain stem death
- K18 reversible causes of coma
- K19 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)
- K20 legal definitions of death
- K21 procedures for certification of death
- K22 procedures for determination of death by cardio respiratory arrest
- K23 clinical management of an intensive care patient
- K24 clinical management of a potential heart beating donor
- K25 clinical management of a potential non heart beating donor

## SFHRenDD1

### Identify potential donors among patients

---

- K26 supporting an organ donor (e.g. cardiovascular support, endocrine support, respiratory support, renal support, haematological support, temperature support)
- K27 intensive care and anaesthesia
- K28 guidelines for withdrawal of treatment
- K29 local protocols and guidelines for the administration of drugs and fluids in dying patients
- K30 how to break bad news
- K31 how to explain brain stem death
- K32 legal requirements for establishing consent/lack of objection
- K33 UKT family care protocol
- K34 the donation pathway
- K35 local guidelines and protocols in relation to organ and tissue donation
- K36 how to consult the National Organ Donor Register to see if the potential donor is registered (via the UKT duty office)
- K37 national potential donor audit and local performance
- K38 roles of other members of the multidisciplinary team
- K39 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K40 the importance of establishing rapport and how to do so
- K41 how to ask questions, listen carefully and summarise back
- K42 the importance of encouraging individuals to ask questions and how to do so
- K43 the religious beliefs of different cultures
- K44 the effects of different cultures and religions on care management
- K45 the principle of confidentiality and what information may be given to whom
- K46 the importance of involving individuals in discussions, and how to do so
- K47 how to negotiate effectively with individuals, families and other professionals
- K48 the principles of evidence-based practice, and how to apply them

# SFHRenDD1

## Identify potential donors among patients

---

### Additional Information

#### External links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

# SFHRenDD1

## Identify potential donors among patients

---

<b>Developed by</b>	Skills for Health
<b>Version number</b>	1
<b>Date approved</b>	June 2010
<b>Indicative review date</b>	June 2012
<b>Validity</b>	Current
<b>Status</b>	Original
<b>Originating organisation</b>	Skills for Health
<b>Original URN</b>	RenDD1
<b>Relevant occupations</b>	Health, Public Services and Care; Healthcare and Related Personal Services
<b>Suite</b>	Renal
<b>Key words</b>	kidney, kidneys, donation, diabetes, donor, renal, transplant