

SFHRenDD15

Manage the care of a potential non heart beating donor



Overview

This standard combines care for the potential non heart beating organ donor (from the time of the decision to withdraw treatment) with care for their family and decisions about the futility of further active treatment and the withdrawal of such treatment. Agreement to donation has already been obtained in the expectation of the patient's death. By the time the patient dies, the retrieval team(s) need to be on-hand for retrieval of organs to begin shortly afterwards.

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

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Performance criteria

You must be able to:

- P1 determine within the team the point at which further active treatment is futile and not in the patient's best interests according to local protocols that are independent of the donation pathway
- P2 assess the patient at the time of decision and record the assessment
- P3 explain to the patient's family the team's conclusion, the reason for it and the need to withdraw treatment
- P4 develop consensus among colleagues and the family as to when active treatment should be withdrawn (e.g. taking into account when a particular family member can be present and when the retrieval team and theatre are available)
- P5 respond to requests for continued futile therapy (e.g. by restating the case, obtaining a second opinion)
- P6 attend to and refer to the patient at all times in a respectful manner before and after their death
- P7 take bloods for tissue typing, virology and biochemistry
- P8 enable the family to be close to the patient before the time of withdrawal of treatment and with staff who are familiar to them
- P9 provide for any special needs of the family (e.g. clergy, bereavement counsellor)
- P10 explain to the patient's family the procedure for withdrawal of treatment and how the patient may respond (e.g. comfort measures and how apparent distress will be responded to)
- P11 explain to the patient's family the need to transfer the patient to the operating theatre once death has been confirmed
- P12 monitor and make regular observations and examination of the patient
- P13 pre-treat with sedation prior to withdrawal of treatment if needed (e.g. benzodiazepine, opioid, or both)
- P14 after death has been confirmed transfer the patient's body to the operating theatre
- P15 explain to the family the nature of treatments to facilitate donation and the reasons for it in terms of the viability of the donation and the benefits that brings (e.g. cannulation and organ perfusion)
- P16 answer the family's questions and be alert to any emerging change of mind on their agreement to donate
- P17 provide explanation about the whole donation process for newly arrived family members

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Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 how organs are obtained (e.g. living donation, deceased heart beating and non heart beating donation)
- K4 risks and benefits of transplantation (e.g. enhanced life prospects and lifestyle, side effects of immunosuppression, rejection, psychological issues)
- K5 critical understanding of objections to transplantation and how to probe underlying thinking and how to counter it
- K6 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K7 guidance on The Microbiological Safety of Organ and Tissues for Transplantation (NHS Executive 2000)
- K8 the legal frameworks used to protect organ donors, their families and the recipients
- K9 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- K10 issues of maintenance of patient confidentiality in the critical care and donation contexts
- K11 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)
- K12 legal definitions of death
- K13 procedures for certification of death
- K14 procedures for determination of death by cardio respiratory arrest
- K15 clinical management of an intensive care patient
- K16 clinical management of a potential non heart beating donor
- K17 guidelines for withdrawal of treatment
- K18 local protocols and guidelines for the administration of drugs and fluids in dying patients
- K19 how to break bad news
- K20 UKT family care protocol
- K21 psychology of altruistic action
- K22 beliefs about death and dying
- K23 critical understanding of evidence on techniques of requesting donation and dealing with objections (e.g. Gortmaker, Verble and Worth)
- K24 local guidelines and protocols in relation to organ and tissue donation
- K25 roles of other members of the multidisciplinary team
- K26 how to adapt communication styles in ways which are appropriate to

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- different people (e.g. culture, language or special needs)
- K27 the importance of establishing rapport and how to do so
- K28 how to ask questions, listen carefully and summarise back
- K29 the importance of encouraging individuals to ask questions and how to do so
- K30 the religious beliefs of different cultures
- K31 the effects of different cultures and religions on care management
- K32 the importance of involving individuals in discussions, and how to do so
- K33 how to negotiate effectively with individuals, families and other professionals
- K34 the principles of evidence-based practice, and how to apply them
- K35 how to explain difficult subjects in an emotional context

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Additional Information

External links

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

Dimension: HWB7 Interventions and treatments

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