
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.

Performance criteria

You must be able to:

- P1 anatomy and physiology of the human body
- P2 psychological care skills/loss counselling
- P3 how organs are obtained (e.g. living donation, deceased heart beating and non heart beating donation)
- P4 how organs are selected and matched (living and deceased donors)
- P5 risks and benefits of transplantation (e.g. enhanced life prospects and lifestyle, side effects of immunosuppression, rejection, psychological issues)
- P6 objections to transplantation and how to probe underlying thinking and how to counter it
- P7 the Human Tissue Act 2004 and its definition of consent
- P8 the Human Tissue Act 1961
- P9 the role of the coroner or procurator fiscal in consenting for organ donation
- P10 circumstances when reference should be made to coroner or procurator fiscal
- P11 the legal frameworks used to protect organ donors, their families and the recipients
- P12 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- P13 issues of maintenance of patient confidentiality in the critical care and donation context
- P14 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)
- P15 criteria for heart beating and non heart beating donation
- P16 national documentation for donor assessment
- P17 criteria for potential organ donors/criteria for organ donation and contraindication to donation
- P18 the referral process and sequence of events for referring potential donors
- P19 the use of and interpretation of invasive monitoring systems to assess suitability of potential organ donor
- P20 how to examine a potential organ donor
- P21 taking a medical history of the potential organ donor
- P22 anatomy and physiology of brain stem death
- P23 guidelines for performing brain stem death tests (e.g. UK Code of Practice, Department of Health 1998)
- P24 recommendations of the ICS Working Group on Organ Donation regarding observation for apnoea
- P25 preconditions to testing for brain stem death

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Evaluate the reported potential for donation

- P26 reversible causes of coma
- P27 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 there commendations of the ICS Working Group on Organ Donation)
- P28 clinical management of an intensive care patient
- P29 clinical management of a potential heart beating donor

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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 how organs are selected and matched (living and deceased donors)
- K5 risks and benefits of transplantation (e.g. enhanced life prospects and lifestyle, side effects of immunosuppression, rejection, psychological issues)
- K6 objections to transplantation and how to probe underlying thinking and how to counter it
- K7 the Human Tissue Act 2004 and its definition of consent
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- K9 the role of the coroner or procurator fiscal in consenting for organ donation
- K10 circumstances when reference should be made to coroner or procurator fiscal
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- K28 clinical management of an intensive care patient
- K29 clinical management of a potential heart beating donor
- K30 clinical management of a potential non heart beating donor
- K31 supporting an organ donor (e.g. cardiovascular support, endocrine support, respiratory support, renal support, haematological support, temperature support)
- K32 guidelines for withdrawal of treatment
- K33 local protocols and guidelines for the administration of drugs and fluids in dying patients
- K34 how to break bad news
- K35 how to explain brain stem death
- K36 UKT family care protocol
- K37 the donation pathway
- K38 local guidelines and protocols in relation to organ and tissue donation
- K39 how to consult the national Organ Donor Register to see if the potential donor is registered (via the UKT duty office)
- K40 national potential donor audit and local performance
- K41 the roles of other members of multidisciplinary teams
- K42 location, leadership and relationships within critical care units in your territory
- K43 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K44 the importance of establishing rapport and how to do so
- K45 how to ask questions, listen carefully and summarise back
- K46 the importance of encouraging individuals to ask questions and how to do so
- K47 the religious beliefs of different cultures
- K48 the effects of different cultures and religions on care management
- K49 the principle of confidentiality and what information may be given to whom
- K50 the importance of involving individuals in discussions, and how to do so
- K51 how to negotiate effectively with individuals, families and other professionals
- K52 the principles of evidence-based practice, and how to apply them
- K53 coaching skills

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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: Core 1 Communication

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