

SFHRenDD21

Withdraw treatment from a potential non heart beating donor



Overview

This standard is about withdrawal of treatment in intensive care. About 70% of deaths in intensive care occur in this way. The cause of death is the underlying disease process, and treatment is withdrawn as it has become futile. The timing of withdrawal, the treatments withdrawn, and the manner of withdrawal are largely the same, regardless of whether the patient is potentially an organ donor or not.

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 attend to and refer to the patient at all times in a respectful manner before and after their death
- P2 check that the retrieval team and theatre are ready
- P3 assess the patient at the time of withdrawal and record the assessment
- P4 enable the family to be close to the patient and accompanied by familiar staff at the time of withdrawal of treatment and afterwards
- P5 reduce the patient's inspired oxygen to room air concentration
- P6 reduce the patient's minute volume
- P7 discontinue inotropes and vasopressors
- P8 extubate the patient where this is likely to be beneficial (e.g. to allow closer contact between the family and patient, but not where the patient is likely to struggle, gasp or otherwise exhibit distress)
- P9 provide comfort measures before and after withdrawal and respond as an emergency to actual distress and that perceived as such by the family (e.g. sedation before or during withdrawal, mouth care)
- P10 remove unnecessary hardware (e.g. naso gastric tubes, wrist restraints), silence alarms and disconnect monitors
- P11 monitor and make regular observations and examination of the patient until heart and breathing stop
- P12 certify death no less than five minutes after cardio respiratory arrest (no cardiac output or respiration, no corneal or papillary reflexes)
- P13 remind the patient's family of the need to remove the patient to the operating theatre once death has been confirmed

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Knowledge and understanding

You need to know and understand:

- K1 the anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 beliefs about death and dying
- K4 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K5 guidance on The Microbiological Safety of Organ and Tissues for Transplantation (NHS Executive 2000)
- K6 the legal frameworks used to protect organ donors, their families and the recipients
- K7 legal, ethical and consent issues for organ and tissue donation for transplantation and research
- K8 issues of maintenance of patient confidentiality in the critical care and donation contexts
- K9 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)
- K10 legal definitions of death
- K11 procedures for certification of death
- K12 procedures for determination of death by cardio respiratory arrest
- K13 clinical management of an intensive care patient
- K14 clinical management of a potential non heart beating donor
- K15 guidelines and procedures for withdrawal of treatment (e.g. steps and choices in the withdrawal process, comfort measures, responses to apparent distress)
- K16 local protocols and guidelines for the administration of drugs and fluids in dying patients
- K17 local guidelines and protocols in relation to organ and tissue donation
- K18 the roles of other members of the multidisciplinary team
- K19 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K20 the importance of establishing rapport and how to do so
- K21 how to ask questions, listen carefully and summarise back
- K22 the importance of encouraging individuals to ask questions and how to do so
- K23 the religious beliefs of different cultures
- K24 the effects of different cultures and religions on care management
- K25 the importance of involving individuals in discussions, and how to do so
- K26 how to negotiate effectively with individuals, families and other professionals

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- K27 the principles of evidence-based practice, and how to apply them
 - K28 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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