

### Overview

This standard enables a donor transplant coordinator to complete a history of the potential donor from a family member. This is done to determine if the behavioural and medical facts indicate that transplantation of the patient's organs will be safe or not. Judging if a patient's organs are suitable for transplantation is a vital component of a risk analysis. The standard requires obtaining standard information in a sensitive way from a family member who probably has never before been asked intimate and sensitive questions about the patient.

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

## SFHRenDD8

### Take the potential donor's medical and social history

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#### Performance criteria

*You must be able to:*

- P1 explain to the family member(s) who agree to provide the information why the interview is necessary to assess any risks associated with transplanting the patient's organs
- P2 explain that some questions are of an intimate nature, that none are meant to cause offence and that they are asked about all potential donors
- P3 explain what other information is used in the decision whether or not to donate (e.g. consulting the GP, taking blood samples to test for HIV, HTLV, Hepatitis B and C and Syphilis)
- P4 inform the family that the patient's history may reveal unsuspected risks that directly affect family members' health currently, and that the relevant individuals would be contacted and offered advice
- P5 explore critical information that may eliminate the potential donor from consideration of some or all organs and tissue based on medical or behavioural circumstance (using the UKT guidance and documentation to identify, for instance, previous treatment and diseases, HIV/AIDS, VJCD)
- P6 explain, when asked or where family members appear uncertain, why specific questions or items of information are important and how they affect the decision whether or not to go through with the donation
- P7 be respectful of the patient and family and sensitive to the family's response to their crisis
- P8 be alert to questions triggering remembering of shared family history and the emotions that are associated with it
- P9 complete the UKT documentation
- P10 thank the family member(s) and explain the continuing process and how they will be kept informed

### Knowledge and understanding

*You need to know and understand:*

- K1 anatomy and physiology of the human body
- K2 psychological care skills/loss counselling
- K3 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K4 guidance on 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 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 how to take a medical history of the potential organ donor
- K12 legal requirements for establishing consent/lack of objection
- K13 UKT standards for interview
- K14 UKT family care protocol
- K15 UKT donor assessment documentation
- K16 psychology of altruistic action
- K17 beliefs about death and dying
- K18 evidence on techniques of requesting donation and dealing with objections (e.g. Gortmaker, Verble and Worth)
- K19 sources of on-going support to families of organ donors at the time of donation
- K20 availability of bereavement services both locally and nationally
- K21 roles of other members of the multidisciplinary team
- K22 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K23 the importance of establishing rapport and how to do so
- K24 how to ask questions, listen carefully and summarise back
- K25 the importance of encouraging individuals to ask questions and how to do so
- K26 the religious beliefs of different cultures
- K27 the effects of different cultures and religions on care management
- K28 the importance of involving individuals in discussions, and how to do so

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- K29 how to negotiate effectively with individuals, families and other professionals
- K30 the principles of evidence-based practice, and how to apply them
- K31 how to explain difficult subjects in an emotional context

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### Additional Information

#### External links

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

Dimension: Core 1 Communication

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