

SFHRenLD16

Prepare the living organ donor for admission to the ward



Overview

This standard is about preparing the living organ donor for admission to hospital. At the point of entering hospital for their nephrectomy, living donors are moving from the care of the donor work-up team to that of staff on the ward, typically a day or so before their operation. The success of the handover involves both medical and emotional/psychological considerations. Donors may have undergone their work-up at the hospital with the transplant centre or another renal unit may have referred them.

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 provide the donor with information about the remaining stages of the donation process (e.g. full physical examination, blood pressure, temperature, urinalysis and urine specimen sent to bacteriology, post-operative procedures, how long they are likely to be in hospital)
- P2 prepare the donor for the possibility that the transplantation could be cancelled (e.g. because of final cross match, infection, recipient changing their mind)
- P3 identify the donor's uncertainties and feelings and find ways to help them recognise that these are common and minimise them
- P4 provide support to the donor about their uncertainties and feelings and call on other members of the living donor team for advice or to work with the donor
- P5 identify whether the donor is still willing to donate and is not subject to pressure from others
- P6 identify any recent event that may indicate a problem of health or consent and consult other team members
- P7 ensure that the donor understands that written consent for a nephrectomy will be needed and that they are willing to give it
- P8 introduce the donor to members of the transplantation and ward team they have not yet met (including a visit to the ward if the donor wishes it)
- P9 provide the donor with the information they need to make practical arrangements for their admission (e.g. date, time, who can accompany them)

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Knowledge and understanding

You need to know and understand:

- K1 anatomy and physiology of the human body
- K2 anatomy and physiology of the renal system
- K3 psychological care skills (e.g. counselling)
- K4 valid consent for assessment and continuing in the transplant programme
- K5 how to create a safe environment to allow a donor to withdraw from the programme, revoking consent
- K6 implications of test results for the donor and their family (eg people may not be related in the way they thought they were, medical conditions revealed)
- K7 current evidence of the effects of the donation programme on potential donors and how to minimise adverse reactions
- K8 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K9 best practice guidelines (e.g. British Transplantation Society)
- K10 boundaries that must be observed by members of the team in keeping the interests of donor and recipient separate
- K11 commissioning tests (e.g. histocompatibility, cross matching, blood group, screening for antibodies)
- K12 interpreting results (e.g. histocompatibility, cross matching, blood group, screening for antibodies)
- K13 how to interpret a donor's physical and psychological health, using your own and others' observation, discussion and technical assessment methods
- K14 family relationships and ways of exploring them through observation, individual and group interviews and discussions
- K15 investigation and interpretation of donor motivation, its sustainability and risks associated with different types of motivation
- K16 types of coercion and reward applied to donors and how they may be revealed
- K17 how to assess the potential donor's motivation (e.g. free from inducement, coercion or threat)
- K18 how to act on behalf of the donor to convey difficult messages (e.g. withdrawing from donation, a revealed medical condition)
- K19 procedures, protocols and guidelines for the organisation and for links with receiving or referring units
- K20 the practices and expectations of the surgical ward and the transplantation team
- K21 handover procedures, including legal requirements
- K22 procedures and understanding of referring centres

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- K23 roles of other members of the multidisciplinary team
- K24 methods of communicating sensitive information to individuals
- K25 how information obtained from individuals should be recorded and stored
- K26 the principle of confidentiality and what information may be given to whom
- K27 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K28 the importance of establishing rapport and how to do so
- K29 how to ask questions, listen carefully and summarise back
- K30 the importance of encouraging individuals to ask questions and how to do so
- K31 the religious beliefs of different cultures
- K32 the effects of different cultures and religions on care management and effects on family dynamics
- K33 the importance of involving individuals in discussions, and how to do so
- K34 how to negotiate effectively with individuals, families and other professionals
- K35 the principles of evidence-based practice, and how to apply them

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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: HWB5 Provision of care to meet health and wellbeing needs

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Developed by	Skills for Health
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Version number	1
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Date approved	June 2010
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Indicative review date	June 2012
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Validity	Current
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Status	Original
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Originating organisation	Skills for Health
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Original URN	RenLD16
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Relevant occupations	Health, Public Services and Care; Health Professionals; Healthcare and Related Personal Services
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Suite	Renal
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Key words	kidney, kidneys, donation, diabetes, donor, renal, transplant
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