STANDARDIZED ORGAN DONATION PROCEDURE

IN REFERENCE TO ARTICLE 204.1 (LSSSS)

Patient with a prognosis of impending death

Hospital with a liaison/resource nurse assigned to organ donation

IDENTIFICATION

ACTIVE MEDICAL TREATMENT

The patient satisfies the criteria for being a potential organ donor:

- A person of any age
- Has experienced a severe neurological insult (post-resuscitation, cerebral anoxia, CVA, cerebral haemorrhage, encephalopathy, traumatic brain injury, Glasgow score < 5 ...)
- Requires mechanical ventilation

Depending on the situation, a decision is made to continue or stop active medical treatment

Diagnosis of neurological determination of death (NDD) Potential donor (NDD) Severe and irreversible prognosis Consider withdrawing life-sustaining therapy (WLST)

Potential donor for donation after cardiocirculatory death (DCD)

The patient's condition improves

Continuation of active medical treatment

Contact the liaison/resource nurse of your hospital to verify the donor's eligibility

Yes

No

Depending on the situation, continue or stop medical treatment

End of the referral to Transplant Québec

2
REFERRAL

PRIOR TO OFFERING THE OPTION OF ORGAN DONATION TO THE FAMILY

The liaison/resource nurse assigned to organ donation contact Transplant Québec

to verify the patient's inscription in the registries of the RAMQ and the Chambre des notaires du Québec

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Announce and explain the poor and irreversible prognosis

Discuss withdrawing life-sustaining therapies (WLST)

Provide the time necessary to absorb the information

Ensure that the family understands the prognosis

Be prepared to repeat the information as often as needed

 Provide a quiet and private space

- Be empathic and attentive to the family's needs
- Ensure that family support personnel are present
- Use of visual aids (i.e. brain scan)

DO NOT
OFFER THE
OPTION OF
DONATION TO
THE FAMILY
BEFORE
STEP 4

OFFER /
TEAM APPROACH

COMMUNICATION

OF DIAGNOSIS /

PROGNOSIS

PRESENT THE OPTION OF ORGAN AND TISSUE DONATION

Ask the family to respond based on the KNOWN expressed wishes of the patient as indicated by

- the inscription(s) in the RAMQ and the Chambre des notaires du Québec registries OR
- the signature on the back of the health insurance card on
- a prior verbal consent

OR if the wishes are **NOT KNOWN**, have the family decide by considering the person's values and beliefs

Offer to involve the Transplant Québec coordinator to answer any questions the family might have

Allow sufficient time for a period of reflection

Be attentive to the family's needs, answer questions and address concerns

Ascertain the family's decision

Communicate the family's decision to Transplant Québec

Consent

Refusal

When the organ donor is also a tissue donor, Transplant Québec will communicate with Héma-Quebec.

Continue to provide family support

End-of-life care

5
EVALUATION,
ELIGIBILITY AND
PROCUREMENT

CONTINUE DONOR MANAGEMENT

Provide all available information concerning the donor to the Transplant Québec coordinator

Begin the donor evaluation and eligibility phase in collaboration with the medical team and the Transplant Québec coordinator

NDD

Diagnosis of neurological determination of death completed by 2 physicians

Transfer to the operating room*

Organ procurement

* For hospitals that do not carry out procurements: Depending on the situation, the donor will be transferred to a procurement center as soon as possible. DCD

Transfer to the operating room

WLST and end-of-life care

Diagnosis of death by cardiocirculatory criteria completed by 2 physicians

Organ procurement

Death does not occur

Continue end-of-life care

Reference tools:

www.transplantquebec.ca and the following documents (available upon request at info@transplantquebec.ca):

Trousse Pensez don (can be found in the intensive care units and the emergency departments) and pocket size donor guideline card





