

Evaluation & Authorization		Completed	Name(s)/Comments
1.	Verify that staff or attending MD notified of Indiana Donor Network referral		
2.	Huddle with physicians, RN, and charge RN about pending donation conversation-notify PS		
3.	Verify documentation of withdrawal of support in hospital chart		<b>Date/Time:</b>
4.	Obtain name of contact who will initiate the order set		<b>Name:</b>
5.	Inquire who will be the declaring physician		<b>Name:</b>
6.	Screen with eye/tissue banks	<input type="checkbox"/> NA	
7.	Coroner notified, documented in the chart		
8.	Authorization & Health Assessment obtained		
9.	AOC notified of case		
10.	Notify unit charge RN of authorization		
11.	Notify eye/tissue banks of authorization via VLDC		
12.	Fax authorization & Health Assessment to Indiana Donor Network/appropriate tissue banks	<input type="checkbox"/> NA	
13.	Initiate Tissue Checklist on all tissue donors	<input type="checkbox"/> NA	<b>(lines 10, 11, 12)</b>
14.	Notification of authorization time to transfer billing to Indiana Donor Network		<b>IU Health 962-1395 ( )</b> <b>Community ( )</b>
15.	Notify ORC of high-risk donor	<input type="checkbox"/> NA	<b>State reason of high-risk: <input type="checkbox"/> Med/Soc Hx</b> <b><input type="checkbox"/> Failed Hemodilution <input type="checkbox"/> Phys Assessment</b>
16.	Obtain a complete copy of hospital chart (electronic/hard) & records from outlying hospitals	<input type="checkbox"/> NA	<b>Request electronic chart from Medical Records</b>
17.	FSC Notification process: review family OR plan with ORC		<b>____ hrs pre-OR <input type="checkbox"/> With OR time</b> <b><input type="checkbox"/> Post-OR <input type="checkbox"/> None</b>
18.	FSC completes required sections in the chart		
19.	Initiate Hospital Personnel page in the chart		
20.	<p>We the undersigned have reviewed, discussed, and ensure accuracy and completeness of the following:</p> <p><input type="checkbox"/> Consent and research options</p> <p style="margin-left: 20px;"><input type="checkbox"/> Research: NOK wishes for the donor to have all non-transplantable organs utilized for any potential research</p> <p style="margin-left: 20px;"><input type="checkbox"/> Research: NOK does not wish for the donor to have organs utilized for any potential research</p> <p><input type="checkbox"/> Medical/behavioral history (notify AOC if donor had high-risk behaviors)</p> <p><input type="checkbox"/> Withdraw of care note</p> <p style="margin-left: 20px;"><input type="checkbox"/> Reviewed with AOC</p> <p><input type="checkbox"/> All requests found on the Medical Examiner/Coroner page, and any special requests</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>_____ <b>FSC Staff Signature, Date &amp; Time</b></p> </div> <div style="width: 45%; text-align: center;"> <p>_____ <b>Organ Services Staff Signature, Date &amp; Time</b></p> </div> </div>		
21.	<b>Pathway stopped</b>	<input type="checkbox"/> NA	<b>Date/Time:</b>
<b>Donor Management</b>		<b>Completed</b>	<b>Name(s)/Comments</b>
1.	Local Donor Notification Email		localdonornotificationgroup@indonornetwork.org
2.	Discuss standing orders with ATTENDING MD		<b>Orders signed by:_____</b>

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3.	Blood obtained for IU Health HLA lab, IBC kits (testing and HLA), ABOs, Coroner, and eye/tissue banks		Label should include: Donor name, UNOS #, date, time, type of specimen (blood), ABO, initials
4.	Blood Bank Contacted & Documented in Comments of Hemodilution Page		Name: _____ Date/Time: _____
5.	Blood Slips Obtained	<input type="checkbox"/> NA	If Unable, Document in Comments of Hemodilution Page
6.	Obtained a measured height and weight		
7.	Verify height and weight in donor chart		
8.	Hemodilution completed		Statement in <u>Comments</u> of Hemodilution
9.	HLA Tech notified		Name: _____ Date/Time: _____
10.	IBC Lab notified		Name: _____ Date/Time: _____
11.	Serology/typing materials arrive at HLA/IBC		Date/Time: _____
12.	ABO Verification complete		
13.	AOC contacted to confirm ABO in EMR		AOC: _____
14.	Contact CMO, document in donor chart		
15.	Register donor with UNOS		
16.	Update DonorNet if PHS high-risk criteria met	<input type="checkbox"/> NA	
17.	<b>Pathway stopped</b>	<input type="checkbox"/> NA	Date/Time: _____
<b>Organ Allocation</b>		<b>Completed</b>	<b>Name(s)/Comments</b>
1.	Upload chart to DonorNet		
2.	Fax paperwork to DonorNet		
3.	Allocation plan discussed with AOC and documented in donor chart		
4.	OR notified of potential case		Name: _____ Date/Time: _____
5.	Notify RT of pending donation and need for ventilator/RT in OR		
6.	Serology results obtained		
7.	AOC verified serology results within EMR		AOC: _____
8.	Notify CMO, or designee, and document high risk conversation in notes	<input type="checkbox"/> NA	
9.	Notify AOC, Coroner, FSC, NPL of positive serology results; <b>attach Body Fluid Precautions tag to the body</b>	<input type="checkbox"/> NA	Coroner Name: _____ Date/Time: _____ NPL: <input type="checkbox"/> Emailed <input type="checkbox"/> Voice Mail
10.	IU liver coordinator notified of liver acceptance & serology results discussed	<input type="checkbox"/> NA	
11.	Initiate High Risk Donor Disclosure forms for each allocated organ	<input type="checkbox"/> NA	
12.	HLA results obtained/Lists generated	<input type="checkbox"/> NA	
13.	Discuss kidneys/pancreas with INIU Discuss kidneys/pancreas with INSV	<input type="checkbox"/> NA <input type="checkbox"/> NA	
14.	Call to UNOS for placement of kidneys, pancreas	<input type="checkbox"/> NA	
15.	Organ offers made for research	<input type="checkbox"/> NA	
16.	<b>Pathway stopped</b>	<input type="checkbox"/> NA	Date/Time: _____
<b>Pre-Recovery</b>		<b>Completed</b>	<b>Name(s)/Comments</b>
1.	OR time set; Process discussed with OR staff; provide surgical supplies list		Date/Time call made: _____ Scheduled OR Date/Time: _____
2.	UA obtained, resulted, and documented within 24hrs of projected cross-clamp; reviewed with AOC		Date/Time of UA: _____ AOC: _____
3.	Notify declaring personnel of OR time		Date/Time: _____
4.	Discuss TPA with Pharmacy	<input type="checkbox"/> NA	<b>DO NOT MIX: 100mg TPA &amp; 1000ml NS</b>
5.	Thoracic transplant center(s) notified	<input type="checkbox"/> NA	

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6.	Abdominal transplant center(s) notified	<input type="checkbox"/> NA	
7.	Notify all local renal programs of OR time	<input type="checkbox"/> NA	
8.	IU liver coordinator notified	<input type="checkbox"/> NA	
9.	Perfusionist/Fellow notified	<input type="checkbox"/> NA	
10.	Abdominal Surgeon notified	<input type="checkbox"/> NA	
11.	Notify FSC (if applicable)	<input type="checkbox"/> NA	
12.	Transportation arranged as needed	<input type="checkbox"/> NA	
13.	Eye & tissue banks notified of OR time via VLDC	<input type="checkbox"/> NA	
14.	Chart completed and printed		
15.	Print surgeon credential form(s) from ACIN Signature _____ Signature _____		Date/Time: _____ Date/Time: _____
16.	Chart copied for each organ recovered and for tissue/eye banks; Copy hospital chart for tissue		Black out all NOK/donor identifiers, except for T/E charts
17.	Draw blood for each organ prior to OR (2 yellow and the initial blood draw's red top)		Verify that UNOS # is on red top from initial blood draw. See page 1 for label requirements
18.	Copy all written donor management orders		
19.	Obtain labels for node and spleen		
20.	Complete Hospital Personnel section in chart		
21.	Obtain a copy of the most current chest x-ray		
22.	Obtain <b>signed</b> bedside flow sheet from bedside nurse		
23.	RT at bedside with ventilator for transport		
24.	Notify IU liver coordinator if OR is delayed >30 min	<input type="checkbox"/> NA	
25.	Pathway stopped	<input type="checkbox"/> NA	Date/Time: _____
<b>Recovery</b>		<b>Completed</b>	<b>Name(s)/Comments</b>
1.	Enter OR, provide personnel sheet to staff		If >30min. from scheduled OR time, document reason in iTx
2.	<b>TIME OUT: Verify patient and procedure</b>		
3.	Donor chart reviewed with recovering surgeon, Verification of Donor Information form signed		
4.	Discuss coroner requests, including bile, with recovering surgeons		
5.	Flush solution lot numbers, additives, and expiration date obtained for all non-IND provided solutions/additives	<input type="checkbox"/> AOC Verified	<b>AOC:</b>
6.	Prepare equipment/check amount of slush available/ ice in transplant center coolers		
7.	Recovery team leaves room		
8.	Time-out to verify Heparin has been given prior to extubation		
9.	Position family at head of table	<input type="checkbox"/> NA	
10.	ICU RN or MD administers heparin		
11.	RN, RT, or MD withdraws support		
12.	Document donor vital signs		Q 5 min. between w/d of care and start of agonal phase (SBP<80 or SaO2<80%) and Q1 min from agonal phase to asystole; continue documenting vitals Q1 min for 5 min after asystole established
13.	<b>Pathway stopped</b>	<input type="checkbox"/> NA	<b>Patient did not arrest within 60 minutes</b>
14.	Circulatory death declared		
15.	Death Note written and copy obtained		
16.	Family escorted from OR (if present) by FSC or Chaplain	<input type="checkbox"/> NA	

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17.	Notify ICU of CTOD		
18.	Ensure transportation is arranged for transplant teams	<input type="checkbox"/> NA	
19.	Transplant centers notified of cross-clamp time and organ viability	<input type="checkbox"/> NA	
20.	If local case, notify IU OR with organ ETA (at least 1 hour heads up)	<input type="checkbox"/> NA	
21.	Notify eye/tissue banks of cross-clamp time via VLDC	<input type="checkbox"/> NA	
22.	Complete OR pages of chart		
23.	Operative note signed for each organ evaluated and copy given to OR		
24.	High Risk Donor Disclosure forms signed by transplant surgeon for each organ recovered	<input type="checkbox"/> NA	
25.	Obtain lymph nodes and spleen; suture incision		<b>There should be at least 5 nodes per organ</b>
26.	Document organ anatomy		
27.	Ensure perfusionist reviews kidney anatomy page & signs the Verification for Accuracy of Documentation form	<input type="checkbox"/> NA	
28.	Verification for Accuracy of Documentation form signed by two Indiana Donor Network staff at the same date and time		
29.	Packaging and labeling form verified by AOC		<b>AOC:</b>
30.	Checklist for tissue team, blood, and body release form left with donor	<input type="checkbox"/> NA	<b>If N/A, please state why:</b>
31.	If Coroner's case, leave Coroner's kit/chart with body	<input type="checkbox"/> NA	
32.	Transmit OR information & Verification for Accuracy of Documentation form to DonorNet, and update cross clamp time		
33.	Notify Coroner of case completion	<input type="checkbox"/> NA	<b>Name:</b> <b>Date/Time:</b>
34.	Funeral home notified of case completion (if not tissue/eye donor)	<input type="checkbox"/> NA	<b>Name:</b> <b>Date/Time:</b>
35.	Notify FSC (if applicable)	<input type="checkbox"/> NA	
36.	If regional case, notify IU OR of departure from donor hospital	<input type="checkbox"/> NA	
<b>Post-Recovery</b>		<b>Completed</b>	<b>Name(s)/Comments</b>
1.	Notify IU OR with arrival to Indianapolis	<input type="checkbox"/> NA	
2.	Notify Indiana renal centers with anatomy	<input type="checkbox"/> NA	<input type="checkbox"/> INIM <input type="checkbox"/> INLH <input type="checkbox"/> INSV
3.	Notify Dr. Taber if kidneys are declined by INIM	<input type="checkbox"/> NA	
4.	Package organs for shipping (ensure all organs/typing materials are documented in export log with 2 signatures)	<input type="checkbox"/> NA	
5.	Arrange courier pick-up	<input type="checkbox"/> NA	
6.	All Indiana Donor Network equipment cleaned, returned and signed in properly		
7.	Ensures billing information is complete Signature _____		<b>Date/Time:</b>
8.	Deliver tissue typing to HLA lab and IBC		
9.	QA Case Report off form completed and e-mailed		<div style="background-color: black; width: 150px; height: 15px;"></div>