

Preserving the Option for Donation

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When To Call DonorConnect For A Ventilated Referral

Call within 1 HOUR

of 1 TRIGGER

Any Ventilated Patient that Meets **ANY ONE** of the Following:

- GSW to head or **Severe Head Trauma**
 - Un-Helmeted Motorcycle Accident
 - Cardiac Arrest **with ROSC**
 - Asphyxiation/Hanging
 - **Life Threatening Injury** or **Grave Prognosis**
 - Drowning
 - **Large Brain Bleed** or **Stroke**
 - ANY discussion of: Change in code status to DNR, De-escalation or Withdrawal of support
- IF DonorConnect is following a patient, Call again if:**
- Worsening Neuro Status
 - Discussions about Withdrawal of Support



Always call DonorConnect within 1 hour of Time of Death

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Case 1: 24-07963, Dr Lemon

EMS Report:

16yo Female involved in a Motor Vehicle Accident on the way home from the homecoming dance.

Patient was a passenger in the vehicle and was ejected at highway speeds.

Traumatic arrest on scene w/ ROSC, intubated, bilateral chest needle decompression and 2 units of blood given en route to the hospital.

Parents are on their way but are 2.5 hrs away

SpO2: 60%, Resps: 39

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Case 1: Emergency Department Course

Bilateral chest tubes placed

Additional 2 units of blood were given

CT imaging shows:

Subarachnoid hemorrhage
pneumocephalus

3mm R to L midline shift

R MCA and ACA infarct R internal carotid artery
injury

skull base and facial fractures

air within the mid L2-L5 vertebral body.

SpO2: 70%, Resps: 39

Neuro exam:

- GCS of 5
- Absence of cough, gag and corneal reflexes.
- Pupils were nonreactive bilaterally, L 2mm, R 5mm

- ED Arrival: 02:02
- Referral to DonorConnect: 02:19
- Coordinator Activated: 02:46
- DonorConnect on site: 03:15

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Case 1: Admit to Intensive Care Unit

IV drips: Norepinephrine, Vasopressin, Fentanyl, Bicarb and Rocuronium.

SpO2: 40%, HR 160-180.

Parents arrived at the hospital – 05:00

Family approached about donation by PICU Physician – 07:45

**Family opted to give their daughter more time before making any decision.
Patient continued to worsen.**

Father brought up donation and requested to speak with DonorConnect – 09:00

CT surgery consulted for potential cannulation for ECMO to preserve the option, but it would require a transfer to Utah.

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Case 1: Outcome

Family ultimately declined donation

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Case 2: 24-05712, Dr Morris

EMS Report:

14yo Male involved in a 75ft fall from warehouse roof on to concrete.
The patient was working a part-time job with their father at the time of the incident.

Father present on scene.

Agonal respirations
Intubated on scene by EMS without sedation

SpO2 20%, GCS of 3

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Case 2: Emergency Department Course

CT Imaging showed:
Severe TBI
Brain Compression with Midline Shift
and Herniation

ED Arrival: 09:52
ICU Arrival: 10:41

Family present on arrival to ED

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Case 2: Admitted to Intensive Care Unit

<p>Neuro exam: GCS of 3 nonreactive pupils bilaterally</p> <p>IV Drips: Norepinephrine Epinephrine Vasopressin Mannitol 50mg x1 23%NaCl x 3</p>	<p>ICU Arrival: 10:41 Referral time: 10:49 Coordinator Activated: 11:56 DonorConnect on site: 13:00 Initial Family Approach: 1500 DCD Withdrawal: 17:11</p> <p style="text-align: center;">Family consent to OR time: 2hrs</p>
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Continued to support patient during herniation. Patient rapidly progressing to multiorgan failure and increasingly unstable. CT shows pulmonary hemorrhaging.

Family consented to donation. OR time accelerated due to patient instability.

Strong support from attending physician including advocacy with the OR for scheduling conflict

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Case 2: Outcome

- Liver**
- Left Kidney**
- Right Kidney**
- Heart Valves**

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Case 3: 16-8499, Brian

EMS Report:

23yo Male with a gunshot wound to the head

GCS of 3

Agonal Respirations

Intubated by EMS on scene

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Case 3: Emergency Department Course

Patient stabilized and given blood products

**CT Imaging: Demonstrated no blood flow to the brain
and an AV fistula into the cavernous sinus**

ED Arrival: 17:05

Admitted: 18:30

Referral time: 19:26

DonorConnect on site: 21:05

Progress Note: "Patient was taken to CT angiogram which showed no blood flow to the brain. He was taken to interventional radiology which shows an AV fistula into the cavernous sinus. It is likely that this patient is Brain Dead. We are going to try and salvage organs to see if his family is willing to be an organ donor. Patient to be admitted to ICU"

**Patient taken to Interventional Radiology for repair of AV fistula.
IR successfully coiled arterial bleed.**

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Case 3: Admitted to Intensive Care Unit

IV Drips:
Norepinephrine
Epinephrine
Vasopressin

Patient in diabetes insipidus and hypothermic throughout first night.

Diabetes Insipidus resolved and patient rewarmed for 24hrs

Patient found on the Donor Registry

Brain Death determined

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Case 3: Outcome

Lungs

Liver

L Kidney

R Kidney

Pancreas

Heart Valves

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Case 4 (22-08569) Tammy Hinterman / Dr Carr

EMS Report:

55yo Male involved in a motor vehicle accident with rollover intrusion into car and prolonged extrication

GCS of 3
Massive facial trauma present
EMS performed cricothyrotomy
Bilateral chest needle decompression

Patient coded in route; ROSC achieved

Cric in field by EMS, AO dissociation

Admitted: 10/3/24 15:46

Triggers Met: 10/4/24 @ 12:00

Referral time: 10/4/24 12:31

DonorConnect already on site for another case.

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Case 4: Emergency Department Course

Blood products given:

1 Whole Blood

3 PRBC

2 FFP

1 platelet

TXA

Chest Tube placed

CT Imaging:

Le Fort III Fracture

Mandible Fracture

Vertebral Artery Dissection

Left Traumatic Hemopneumothorax

C1 Fracture with AO dissociation

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Case 4: Air Transport to IMC admitted to ICU

GCS of 3, Absent cough, gag, corneal reflexes

OR for repair of AO dissociation. Tracheostomy placed.

Next of kin, the patient's son, is a firefighter/paramedic and requested to speak to Donor.

Patient found on the Donor Registry

DonorConnect approached family. The family opted to wait a few more days.

4 days passed; patient continued to decline.

Family consented to donation with OR in < 3 hrs.

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Case 4: Outcome

L Kidney

R Kidney

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What does DonorConnect ask when triggers are met?

- **Preserve the option of donation.**
- **Make a referral and request our team on site ASAP.**
- **Allow us time to check the registry and evaluate for potential.**
- **Introduce us to the next of kin and participate in the first conversation as appropriate.**

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