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**Nursing Policy O-9**  
LSUHSC-Shreveport, LA

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## **ORGAN, TISSUE, AND EYE/CORNEA DONATION SUITABILITY**

### **PURPOSE:**

To delineate procedure for offering organ, tissue, and eye/cornea donation as an option to families so that cadaver organs, tissue, and eye/corneas may be obtained for transplantation.

### **POLICY:**

#### **1. Completion of LOPA Form**

The Notification of Referral Form shall be completed for all patient deaths, regardless of donor status. This Notification of Referral Form shall be completed for all deaths and all patients meeting the clinical trigger(s) and shall remain a permanent part of the patient's medical record. If the death is considered by statute to be a Coroner's, it is the hospital staff's responsibility to contact the Coroner's office immediately after declaration. If a family consents to donation the LOPA staff will provide the Consent for Anatomical Gift Form.

#### **Refer to Hospital Policy 7.6.1 Coroner's Case**

#### **2. Notifying LOPA**

The Donor Referral Line (LOPA) shall be notified at **1-800-833-3666** regarding all cardiac deaths and patients meeting clinical trigger(s) to ascertain donor suitability for organ, tissue and eye cornea donation.

Clinical Trigger(s): All ventilator-dependent patients with an underlying GCS of 5 or less, or patients who have been made a DNR and/or a plan to discontinue mechanical or pharmacological support should be referred to LOPA as soon as possible.

**NOTE:** A person is brain dead when a licensed physician has determined that there is irreversible cessation of spontaneous respiratory and circulatory functions. Should artificial means of support preclude such a determination, a person will be considered dead if a licensed physician, based on standards of medical practice, states that the person has experienced an irreversible total cessation of brain function.

Timely Notification: All cardiac deaths should be referred to LOPA within 4 hours of time of death. Patient's meeting the clinical trigger of GCS of 5 or less should be called in within one hour of meeting this trigger, and/or two hours prior to any brain death studies, and prior to withdrawal of care.

2. Organ donors can be either patients who die by way of brain death or Donation After Cardiac Death (DCD).

*See Hospital Policies: 5.20, Brain Death Evaluation and Declaration and 5.7.1 Organ Donation After Cardiac Death (DCD) Protocol, for more information.*

3. **LOPA Initial Screening**

Following notification by phone of death/patient meeting clinical trigger(s), LOPA will conduct an initial screening for donor suitability.

4. **Initial Donor Criteria**

If the patient meets initial donor screening criteria, the LOPA Representative will screen the patient further.

If the patient does not meet initial donor criteria, as determined by LOPA, the Notification of Referral form shall be completed as directed by LOPA and placed in the medical record. The Registered Nurse should call LOPA's referral line with the date and time of cardiac death.

5. **Donation Options**

If the patient meets further screening donor criteria, donation options are discussed with the hospital representative.

6. **Consent Given**

If the patient is deemed a suitable organ donor by LOPA, a LOPA staff member will come in and approach the legal next-of-kin for consent for donation. If appropriate, the approach may occur jointly with a member of the hospital staff. If consent is given, the LOPA Representative shall complete the Consent for Anatomical Gift Form that will be provided by the LOPA staff.

7. **Non-participation**

Should the family elect not to participate in donation, no further completion of paperwork is necessary. The Notification of Referral Form shall be placed in the medical record.

8. **Tissue (s), Eye/Cornea Donation**

If the patient is deemed unsuitable for organ and/or tissue donation by LOPA, but acceptable for tissue(s), eye/cornea donation, the appropriate eye/ tissue bank representative will be notified by LOPA. The eye/tissue bank representative will then contact the hospital staff and a certified requestor shall then approach the legal next of kin for consent for donation. When consent is sought, the following guidelines shall be utilized:

- A. Hospital/LOPA personnel who approach family members with this highly sensitive issue shall utilize discretion and respect in allowing the family to make an informed decision regardless of the outcome.

- B. The hospital must make a reasonable attempt to contact the family member(s) either by directly speaking to them, or contacting them per telephone with a witness.
- C. To comply with Louisiana's Uniform Anatomical Gift Act (UAGA Title 17 Sec. 2351-2359) and the Required Request Act (R.S. 17:2354.4), the following family members and person(s) (in order of priority) may give consent:
  - 1. Self
  - 2. Spouse
  - 3. Adult Son/Daughter
  - 4. Parent
  - 5. Adult Brother/Sister
  - 6. Coroner
  - 7. Curator/Tutor

Once LOPA accepts the patient as a potential tissue donor, a designated LOPA representative, who may approach via phone conference, will offer the option of tissue donation to the legal next-of-kin.

**9. Completion of Form**

If consent is given, the LOPA staff shall provide and be responsible for completing the Consent for Anatomical Gift form. The person who gives consent must sign with two witnesses in the space provided on the form.

**10. Notifying the Coroner**

If the death is considered by statute to be a Coroner's case, it is the hospital staff's responsibility to contact the Coroner's office immediately after declaration (**Refer to Hospital Policy 7.6.1 Coroner's Case**). LOPA will work with the appropriate Coroner's office to obtain clearance for donation.

**11. Availability of Form and Placement of Copies**

The Notification of Referral Form is a one-page form. It is available in the House Manager's Office and on most nursing units. The completed form shall be placed in the patient's chart as a permanent part of the medical record. If it is a consented case, the LOPA staff will provide a copy of the Consent for Anatomical Gift form to the family, and a copy will be placed in the chart as part of the patient's permanent medical record.

**NOTE: Refer to Hospital Policy 5.7: Louisiana Organ Procurement Agency /Organ Donation for additional information.**

<b>RESPONSIBLE PARTY</b>	<b>ACTION</b>
MD, RN, RN Applicant, LPN	<ol style="list-style-type: none"> <li>1. Completes the Notification of Referral Form for all patients.</li> <li>2. Contacts LOPA's Donor Information Line (1-800-833-3666) for all cardiac deaths and patients meeting clinical trigger(s) to ascertain donor suitability.</li> </ol>
LOPA Representative, RN, RN Applicant, LPN, MD	<ol style="list-style-type: none"> <li>3. If patient is <b>not</b> a suitable donor as determined by LOPA, completes the Notification of Referral Form and places it in the medical record. (No further completion required.)</li> </ol>
LOPA Representative	<ol style="list-style-type: none"> <li>4. If patient <b>is</b> a suitable donor as determined by LOPA: <ol style="list-style-type: none"> <li>a. Offers option of anatomical gift donation to family, utilizing discretion and respect in discussing this highly sensitive matter.</li> <li>b. Completes <b>Consent for Donation of Anatomical Gift</b>, indicating that consent was <b>given</b> by persons qualified to make the decision. A signature is not required if the family declines donation. The following family members and person(s) (in order of priority) may give consent: <ol style="list-style-type: none"> <li>1. Self</li> <li>2. Spouse</li> <li>3. Adult Son/Daughter</li> <li>4. Parent</li> <li>5. Adult Brother/Sister</li> <li>6. Coroner</li> <li>7. Curator/Tutor</li> </ol> </li> <li>c. If consent is given, completes the <b>Consent for Donation of Anatomical Gift</b>.</li> <li>d. Obtains signature and relationship to the patient of the person who gives consent for donation, with two witnesses.</li> <li>e. Prints name, address, and phone number of the person who gives consent in the space provided on the form.</li> <li>f. Times and dates form.</li> <li>g. Notifies coroner to obtain authorization for donation and completes <b>Consent for Donation of Anatomical Gift</b>.</li> </ol> </li> </ol>

<b>RESPONSIBLE PARTY</b>	<b>ACTION</b>
LOPA Representative, MD, RN, RN Applicant, LPN	5. The completed Notification of Referral Form shall be placed in the patient’s chart as a permanent part of the medical record. If it is a consented case, the LOPA staff will provide a copy of the Consent for Donation of Anatomical Gift to the family, and a copy will be placed in the chart as part of the patient’s permanent medical record.

Reference:  
 Hospital Policy 5.20: Brain Death Evaluation and Declaration  
 Hospital Policy 5.7: Louisiana Organ Procurement Agency Organ Donation  
 Hospital Policy 5.7.1: Organ Donation After Cardiac Death (DCD) Protocol  
 Hospital Policy 7.6.1 Coroner’s Case

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Date