

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -  
SHREVEPORT

**LOUISIANA ORGAN PROCUREMENT AGENCY  
ORGAN DONATION**

Purpose:

To facilitate the process of obtaining organs for transplantation.

To assure that the state of Louisiana statutes regarding confidentiality of donor/recipient information are adhered to throughout the Medical Center.

To establish accounting and billing procedures that ensure proper and expeditious reimbursement to the Louisiana Organ Procurement Agency (LOPA), LSUHSC (hospital and school laboratories), and physicians involved in organ transplantation.

Policy:

1. Patients shall be certified as brain dead by two (2) physicians, one of which must be staff.
2. Prior to the patient being accepted as a donor or before brain death has been declared, laboratory analysis may be done to aid in the screening of donor suitability. All charges pertaining to organ donation or donor evaluation will be borne by the LOPA.
3. The Donor Referral Line at the Louisiana Organ Procurement Agency shall be contacted for each death and/or eminent death (Glasgow Coma Scale (GCS)) score of less than or equal to 5, or a plan to discontinue mechanical or pharmacological support). Early LOPA involvement is recommended. 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 a family consents to donation the LOPA staff will provide the Consent for Anatomical Gift Form.
4. LOPA will contact the appropriate Coroner's office to obtain clearance for organ recovery. In case of a trauma, the Coroner in the parish where the trauma occurred is notified by LOPA; the Coroner in the parish where the death is declared will be notified by the hospital staff.

5. A "Consent for Donation of Anatomical Gift" form shall be obtained prior to the procuring of the patient's organs. (See Nursing policy, Organ Donation Suitability, 0-9 for further details).
6. The organ donor (after brain death has been declared) shall be **discharged** as a **death** via the Invision system. The organ donor shall be re-admitted with a new medical record number with the hospital service of Surgery Cadaver Donor (SCD). The patient's name is dropped and an organ donor number is assigned. The patient's social security number and date of birth are entered the same. LOPA's address is entered as the patient's address for billing purposes. All further charges are to be incurred by LOPA.
7. An **Organ Donor Admission** form shall be completed and submitted to Admitting for re-admission of the patient as a cadaver donor. Patient Processing shall prepare two (2) new addressograph cards and a new hospital face sheet.
8. Separate medical records shall be maintained, a **death chart** and **donor chart**. Both charts shall accompany the donor to the operating room. Nurses are responsible for completing nurses' notes, Discharge Summary, Death Notification sheet and morgue tags prior to transporting to the operating room. If a donor is transferred from another hospital, the chart should include the information from the transfer hospital. After organ procurement is completed, both charts are sent to Admitting for preparation of the death certificate.
9. The donor chart shall contain:
  - a. Original **Face Sheet** as admission to the **Surgery Donor Services**.
  - b. Copy of the **Brain Death Evaluation** form or physician's Progress notes declaring brain death.
  - c. Copy of the **Consent for Donation of Anatomical Gift**.
  - d. Original physician's orders, nurses notes, laboratory reports and any other documents of the normal course pertaining to the hospitalization of an organ donor.
  - e. Copies of the **Death Certificate** and **Funeral Home Release** forms.

Responsible Party	Action
MD	1. Two Physicians (one must be staff) - Determines and documents brain death.
MD, RN	2. Notifies LOPA of potential organ donor.
MD, RN, RN APPLICANT, LPN	3. Completes the Notification of Referral Form for all patients.
MD, RN, RN APPLICANT, LPN	4. Contacts LOPA's Donor Information Line (1-800-833-3666) for all cardiac deaths and patients meeting clinical trigger(s) to ascertain donor suitability.
LOPA Coordinator, RN, RN Applicant, LPN, MD	5. 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.)
LOPA Coordinator	6. a. Discusses with family and obtains permission for organ donation.  b. Obtains written consent for organ donation by completion of Consent for Donation of Anatomical Gift.
LOPA Coordinator	7. Notifies appropriate Coroner's office(s) and obtains permission for organ procurement, if applicable.
RN	8. a. Completes nurse's notes, Discharge summary, morgue tags, death books and copies of chart.  b. Discharges patient via Invision using <b>time of declared brain death</b> .  c. Completes <b>Organ Donor Admission</b> form and submits to Patient Processing.
Patient Processing	9. a. Re-admits discharged patient immediately after time of consent for a brain dead patient as organ donor.  b. Prepares new hospital face sheet, two (2) addressograph cards, and any necessary copies of chart.

<b>Responsible Party</b>	<b>Action</b>
	c. Submits face sheet and addressograph cards to nursing unit.
RN	10. Opens new chart as organ donor including: <ul style="list-style-type: none"><li>a. Donor Face Sheet</li><li>b. Copy of Brain Death Declaration</li><li>c. Copy of appropriate consent forms</li><li>d. Organ Donor Admission Slip</li></ul>
M.D. (Transplant), LOPA representative	11. Writes order for donor maintenance until donor is transported to operating room.
M.D./LOPA representative	12. Arranges for O.R. time and personnel.
OR Personnel, LOPA representative	13. a. Transports donor to O.R. for organ removal. b. Prepares body and transports to morgue. c. Submits both medical records to Patient Processing (Organ Donor Admission and Death Chart).



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Administrator

1/22/10  
Date

Approved by Clinical Board: 1/12/01, 5/18/04, 5/15/07, 7/15/08, 1/19/10  
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