Donation After Circulatory Death

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Overview

- RCH Experience
- Special considerations for DCD
- Research – PICU nurses’ experiences
RCH Organ Donors 2011-2018

N = 31

DCD = 14 (45%)

DBD = 17 (55%)
## Donated Organs

<table>
<thead>
<tr>
<th></th>
<th>DCD</th>
<th>DBD</th>
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<tbody>
<tr>
<td>HEART</td>
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<td>12</td>
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<tr>
<td>LUNGS</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>LIVER</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>KIDNEYS</td>
<td>10</td>
<td>15</td>
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<tr>
<td>PANCREAS</td>
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<td>4</td>
</tr>
<tr>
<td>INTESTINE</td>
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<tr>
<td>TOTAL</td>
<td>23</td>
<td>50</td>
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## Donated Tissues

<table>
<thead>
<tr>
<th></th>
<th>DCD</th>
<th>DBD</th>
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<tbody>
<tr>
<td>CARDIOVASCULAR TISSUE</td>
<td>8</td>
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</tr>
<tr>
<td>EYES</td>
<td>6</td>
<td>5</td>
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<tr>
<td>SKIN</td>
<td>1</td>
<td>0</td>
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<tr>
<td>TOTAL</td>
<td>15</td>
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</table>
Pathways to Multi-Organ Donation

Donation after Brain Death (DBD)

1. Catastrophic neurologic injury
2. **Death certified**
3. End of life discussion
4. Donation discussion
5. Family Consent
6. Medical assessment
7. Tissue Typing & serology
8. Organ & tissue offer & allocation
9. Retrieval surgery

Donation after Circulatory Death (DCD)

1. Irreversible cardio respiratory or neurological illness/injury
2. Decision to withdraw therapy
3. End of life discussion
4. Donation Discussion
5. Family Consent
6. Medical assessment
7. Tissue Typing & serology
8. Organ & tissue offer & allocation
9. Withdrawal of cardiorespiratory support
10. **Death certified**
11. Retrieval surgery
DCD – Specific Considerations

• Timeframes
• Declaration of death before transfer
• Staff requirements – communication and transfer
• Restriction of organs to refer:
  • Heart – no paed DCD program, adult at SVH Sydney
  • Intestines
  • Liver for split – very special circumstances
PICU nurses’ experiences caring for potential organ donors

- Study undertaken at RCH PICU
- Qualitative study
- Focus groups x 3
Aims of the study were to explore the following:

• What is the role of the nurse when caring for potential organ donors? What are the enablers/barriers?
• How does this experience vary depending on the pathway to OD that the patient is eligible for?
• How does this experience vary depending on whether the family consent or decline to OD?
Key findings

• Juxtaposition between end of life care and organ donation
• Communication – who, when and how?
• Caring for patients and their families
• DCD v DBD
DCD

• “ghoulish” “grim reaper-ish” “grosse”
• More confronting
• “Anxiety” – timeframes “clockwatching”
• Neurologically intact patients
• Loss of control for parents
• “pressure” of the timeframes – extra staff monitoring
• “the whole process with DCD is horrible...if I never did another one again, I wouldn’t be sorry”
How to improve the DCD experience?

• Improved communication between HCT
  • Nurses to be involved in family meetings
  • Issues when families raise questions at the bedside – ‘trust’
• Education – discussing OD, simulate DCD
• ‘Preceptoring’ – senior staff supporting new staff to learn

• Family experience – are their expectations as high as our standards are set?
Conclusion

• DCD fits societal expectation of death
• Heightened anxiety for nursing staff
• Restrictions on organ offers/allocations
• Key focus on communication
QUESTIONS?