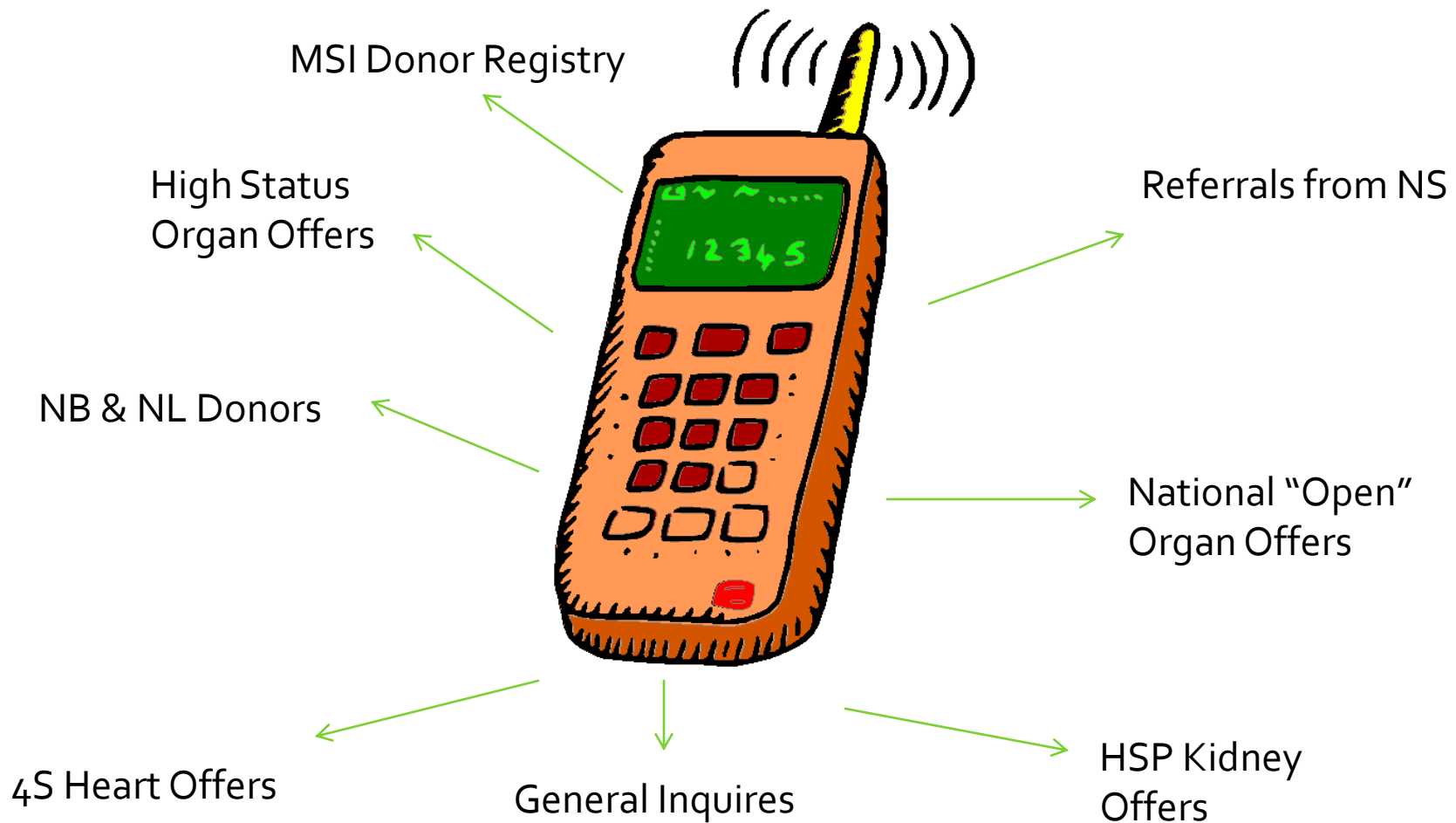


# What Happens on Call??

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# ODC....When My Phone Rings!!



# A Call from 5.2!!!!

## Potential donor – family meeting planned

-  MSI Donor Registry inquiry
-  Family agreed to proceed with organ and tissue donation

.....Head to 5.2

# ODC on 5.2

- Declaration of Brain Death
  - Medical Chart Review
  - Current medical condition
  - Meet with family (NOK)
    - Consent
    - Donor Medical History & Behavioral Risk Assessment
    - Donor Family Support Program
  - ME Office for Consent (if applicable)
- Bloods
    - Full panel
    - Type & Screen
    - Serology
    - NAT (if applicable)
    - HLA – 6-8 hrs for report
    - Pan cultures



# ...and The Process Continues

- Call HLA Tech
- Call Core Lab
- Call Transplant Surgeon.....Accept??
  - Kidney .....to pump or not to pump!
  - Liver
  - Pancreas
  - Tentative OR time
- Call **Recipient Coordinator**
- Review with
  - Nephrologist
  - Cardiologist
- Call RTB



# ...And More To Do!!

## In No Particular Order!!

- Arrange EKG and ECHO
- Arrange CXR and Bronchoscopy
- Hemodilution Calculation
- Physical Assessment
- Allocation:
  - High Status – 4 Heart, 4S heart, 3F or 4F Liver
  - HSP Kidney
  - Pancreas (whole, islets)
  - Open Offers
- Coordinate OR time
- Arrange transportation (if necessary)
- MOTP Database
- Donor Worksheet and Donor Log
- Prepare for OR



# Ongoing....

- Evaluation of patient – bloodwork, vitals, medications
- Continuous Updates:
  - **Recipient Coordinator**
  - Transplant Surgeon & Fellows
  - RTB
  - OPO's
  - OR
- Family

# Organ Recovery

- Patient to OR for organ recovery
- Family update post recovery



This entire process can take anywhere from  
24 to 48 hours –depending on a number of  
factors



# The Phone Rings...

## ...Here We Go!

ODC calls to inform the **Recipient Coordinator**  
**"WE HAVE A DONOR"**



- Donor ID Number
- Donor age
- Donor ABO/ serology-hard copies are faxed or emailed
- Donor height and weight
- Donor type- DCD, ECD, NDD, ED, SCD
- What organs will be used-heart, liver, kidneys, pancreas
- Informs when blood was sent to HLA Lab

# The Phone Rings Again!

## The Liver Transplant Surgeon calls.....

- To review the active liver transplant list and informs the coordinator who needs to be called in for a potential transplant.
- Informs the Coordinator of the anesthesia time for the liver recipient .

# Organizing the Liver Recipient

NS or PEI Patient:

- Inform them of potential liver
- How are they feeling/ any active infections?
- Leave within hour – medications, CPAP, Chem-Strip machine, comfortable clothes
- ETA

NB or NL Patient:

- call the on call coordinators to call in their patients.



# Organizing the Liver Recipient

## The calls continue!!

- Call 6B with patient name, ETA and anesthesia time
- Call ICU with patient name , ETA and anesthesia time
- Call 11A OR with patient name, ETA and anesthesia time
- Call the Anesthesiologist on call for liver transplant with patient name, ETA and anesthesia time.
- Call blood bank with patient name, ETA, anesthesia time, ABO, CMV status and Donor ID number.
- Recipient's summary sheet: Donor ID number, ABO, CMV status, HLA information if known and ETA.
- Fax ICU and 6B a copy of summary sheet.
- Take liver recipient chart to 6B and give report.



# The Phone Rings Again!

## The Cardiologist calls .....

- Review active heart transplant wait list.
- Cardiologist decides which heart recipient will receive the potential organ



# Organizing the Heart Recipient

- Notify HLA lab of heart recipient
- Notify the appropriate unit of heart recipient
- Call heart recipient in NS and PEI
- Call OPO in NB or NL to call patient



# Organizing the Kidney Recipient


## Now I head to Town.....



- Notify 6B they need to arrange bed(s) for the kidney recipient(s).....one or two. ODC will confirm if HSP allocation
  - Highly Sensitized Patient Registry is a National List run through Canadian Blood Services for patients who have a large number of antibodies . Due to these antibodies it makes it difficult to find a donor for these patients
- Smartmatch needs to be run.....


# Smartmatch

We have very good friends in HLA Lab to help with this one


- When this process started the HLA tech has been in the hospital doing HLA testing on the donor to enter this is our MOTP Data Base  6 to 8 hours
- MOTP data base all the kidney recipients active on our wait list HLA information and list of antibodies are stored. This information is identify by the HLA lab before the patient is active. HLA lab also keeps a sample of the kidney recipient's blood , which is sent to them monthly, for final crossmatch.



# Smartmatch

- HLA tech completes and enters the HLA information into Smartmatch in the MOTP Data Base.
- ODC has entered donor number and ABO of donor in MOTP Data Base
- HLA tech has enter HLA information
- I will then enter donor age, CMV stats, Hep C status and if we have a pancreas to use.
- I then hit the button to run Smartmatch  Smartmatch gives me a list of names who match this donor.

# Smartmatch



- Review list and where the patients are from.
- Top 5 names to the HLA lab making sure I have a local patient.
- HLA tech reviews these patient's HLA charts with Director. This is completed by a virtual crossmatch. Once this is completed the HLA tech lets me know what the results are....negative or positive virtual crossmatch. If patient's virtual crossmatch is negative  call in the patient.
- The HLA tech then starts a final crossmatch on all those patients (and heart patients) 2 to 3 hours

# Smartmatch

- While the HLA tech reviews their charts I start reviewing my charts. I then review these charts with the Nephrologists on call and then the Surgeon on call.
- Call in the patient...ask a few question-Health, infections , resenst transfusion, last dialysis
- Call 6B with names
- Call 10A OR with names.
- Take charts to 6B



# Final Crossmatch

- Once the final crossmatch is completed I am notified and I call 6B and ask that the results are written on the summary sheets.
  - Negative  the patient **can be** transplanted
  - Positive  the patient would **reject this organ** immediately.

# After Transplant

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- Inform the ODC which recipient received which organ
- Clamp off time for the kidneys
- Patients are then listed as "T" transplanted in the MOTP Data Base