

Patient Centered Care and Donation

Danielle S. Bode, RN

Christen L. Miller, RN, BSN

Surgical Trauma Neuroscience ICU

Hennepin County Medical Center

701 Park Avenue

Minneapolis, MN 55415

Donation History at HCMC

<u>Year</u>	<u>Total Donors</u>	<u>DCD donors</u>
2007	19	2(11%)
2008	20	6(30%)
2009	24	6(25%)
2010	17	6(35%)

Death Defined

- Cardiovascular
- Loss of autonomy
 - “Irreversible loss of embodied capacity for social interaction” (1)
- Religious definition
- Media portrayal

Brain Death

- Harvard Committee 1968 report
- Copenhagen Polio Epidemic 1952-1953
 - Introduction of positive pressure ventilation
 - Ethical ramifications with severe damage to the brain
 - Organ transplant changes

Uniform Determination of Death Act

“An individual who has sustained either 1) irreversible cessation of circulatory and respiratory functions, or 2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.” (Souter, et al. 2010)

Organ Donation in General

– Possible issues

- Concerns about determination of death
- Mistrust of physicians
- End of life care
- Racial disparities, perceived and actual
- Ethical, personal and cultural beliefs

Organ Donation in General

– Benefits

- Honoring family and patient wishes
- Decrease the number of waiting recipients
- Decrease cost to family and society (medical expenses, long term care).
- Decrease cost to recipient of organ

Donation after Cardiac Death (DCD)

- Patient is not brain dead but life sustaining measures will be discontinued and cardiac arrest is predictable and controlled
- Irreversible or non-recoverable neurological compromise
- Seen as a family driven request, can also be a patient driven request

Donation after Cardiac Death (DCD)

- Possible issues and problems
 - Logistic and policy challenges
 - Ethical controversies
 - Public and professional acceptance
 - Hastening the death by administration of therapies
 - Shift in priority from the patient and end-of-life care to organ procurement

Donation after Cardiac Death (DCD)

– Possible issues and problems (continued)

- End-of-life care and donation vs. active euthanasia
- Suspicion of medical staff motives
- Emotional ambiguity of the family
- Uncertainty of timing of death declaration

Donation after Cardiac Death (DCD)

– Benefits

- Can give meaning to the patient and family
- Personal, professional and societal values promoted by gifting vital organs
- Saves lives
- Supports ethical, legal principles and rights of dying patients and families to abstain medical interventions even if it is life sustaining.
- Competent patients and/or surrogates have the right to donate.

Donation after Cardiac Death (DCD)

- At all times the number one priority is the patient and the family, providing compassionate end-of-life-care and supporting the family.
- The decision to withdraw care should be independent and prior to staff lead discussions of organ and tissue donation.

Case Study

First responders were called to a report of a single motorcycle accident. Upon arrival at the scene, first responders found a 60 y/o male in the ditch with his motorcycle on top of him. Pt was talking and reported he couldn't feel his arms or his legs. During his initial assessment the Pt had a rapid decrease in his level of consciousness.

Case Study

EMS arrived to find the patient pulseless. CPR was initiated. A pulse was regained. En-route to the initial outside hospital the patient arrested a second time. CPR was initiated and a pulse was regained. Patient arrived at the outside hospital. An endotracheal tube and a right chest tube were placed. Vital signs were stable: HR 102/ SBP 180/100, T 96.4f/ O2 96-100%. GCS remained 3.

Case Study

- CT reveals complete C2 fracture.
- MRI conducted as follow up exam.

C2 fracture

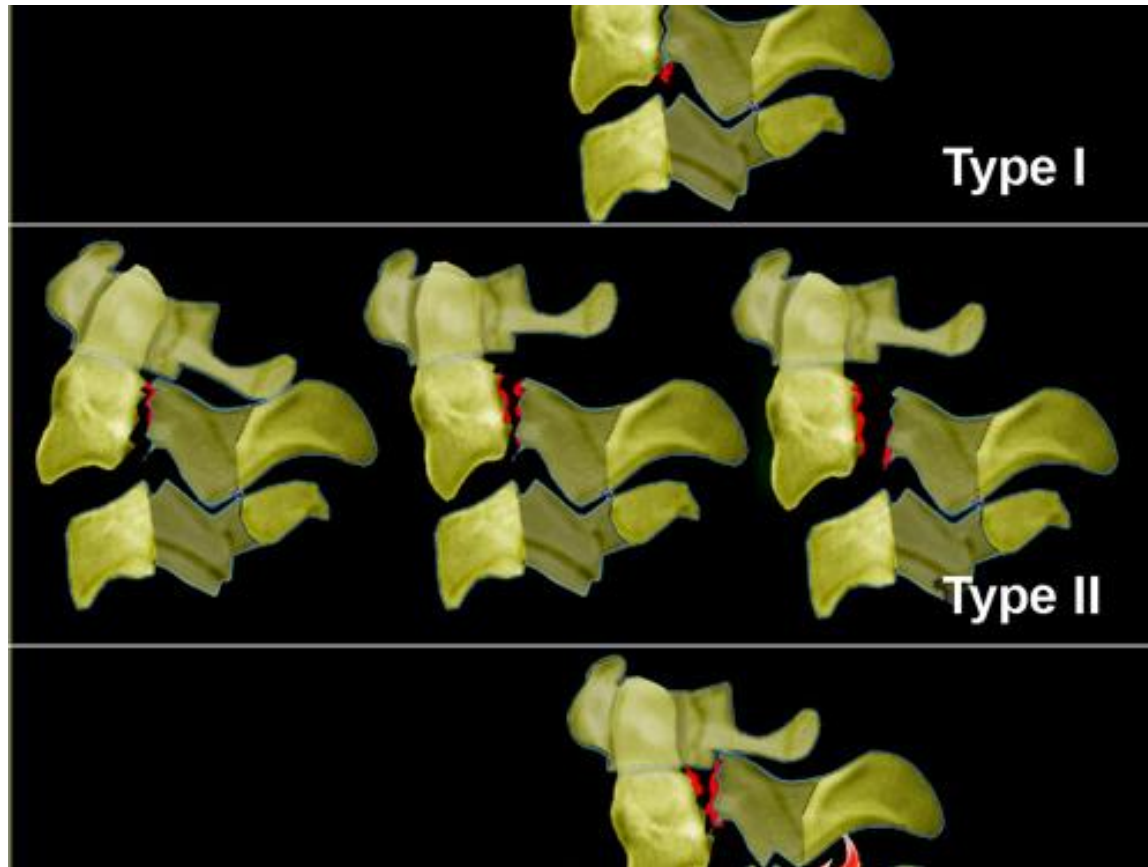
Type II odontoid fracture.

C5/C6 anterior ring apophyses

C5/C6 ligamentous injury

C5/C6 ventral epidural hematoma

Hemorrhagic contusion from medulla oblongata to C5/C6 disc space.



Type II Odontoid Fracture

CT reveals complete C2 fracture.

Case Study: Day One

- **1958** Arrival to HCMC ED
- **2016** CT Scan conducted
- **2130** Pt arrives in SICU, vital signs stable
- **2242** Pt placed in Halo, family updated
- **0239** Pt follows commands by sticking out tongue and blinking eyes yes/no to questions.
- **0339** Family care conference scheduled

Case Study: Day One

- **1507** Pt hypotensive, 3L NS given during day
- **1712** Phenylephrine started
- **1926** HR drops to 30, 1mg atropine given
- **2038** Family requests patient be anointed
- **2349** Family conference held, family decides to move towards comfort cares
- **0630** Bradycardia persists, Atropine given, Family at bedside

Case Study: Day Two

- **0807** Pt remains on phenylephrine. Wife and daughter at bedside discussing withdraw of care.
- **1301** Family discussed with Neurosurgical team and primary nurse to place the patient on comfort cares.
- **1455** Patient is made DNR.
- **1600** Family inquires about option to donate.
- **1800** Lifesource conference held. Decision was made to make patient a DCD donor.

Case Study: Day Three

- 1932 Withdraw of support in OR, family at bedside
- 1944 Patient pronounced dead
- 1949 Second exam to confirm cardiac death
- 1952 Organ procurement begins.

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