**It is important to remember that this donor is alive and may hear our conversations, keep talking to a minimum**

Positioning

- **Family presence** - Supine with one arm out for family – towel behind shoulders.
  - LifeSource Compassionate Draping will be used (SRC will assist or guide)
- **No family presence** – Supine with arms tucked and towel behind shoulders. – Leave one hand accessible for FSC to hold during passing.
  - Modified Compassionate Draping will be used (SRC will assist or guide)

Prepping

- Shave chest and abdomen if needed
- Chloraprep/Duraprep

Draping

- Blue towels (6-8) ***NO SKIN STAPLER***
- Large loban
- ¾ sheet
- Large U drape x2 (one up and one down)/ or laparotomy drape
- **Will need back table covers for all organ tables**
- Added for DCD draping – will still do if no family due to MD pronouncing death
  - 2- ¾ sheets
  - IV poles – likely 4 with clips to use with the large white blankets/sheets for hiding the tables.
  - Large white blankets -4 to hang on IV poles to hide the back tables.
  - Chairs for family

Equipment

- **Slush machine –2-3 machines going right away** *This needs to be started ASAP to have enough ice for the procedure, esp if the patient passes quickly.
- 2 – Suction machines (Neptune)
- 2- 4-prong IV poles
- Basin for each organ (Heart, Lungs, Liver, Pancreas, Kidneys En bloc)
- Basin for slush for packing the abdomen and chest. If multiple teams have 2.
- Back table for each organ
- **2- Cautery, cautery machine, grounding pads – only for CT NRP – LifeSource will communicate this**

Instruments

- Major instrument tray
  - 4 large perforating towel clips for abdominal retraction
  - Each organ back table will need metz, kellys x2, and debakeys
- Major cardio tray /Vascular tray – for finer dissection and cross clamp
  - Garrett dilators
  - Right angles – Long/short/fine/regular
  - Aortic clamps if not in CT tray
- Poole suction tips – 4
- Yankeur tip - 2
- Suction tubing – 4
- Sternal retractor
- Sternal saw blade with power and batteries.
- Back table for each organ
- Basin for each organ (Heart, Lungs, Liver, Pancreas, Kidneys En bloc, slush x2)
Sutures/Vessel loops/blades/misc.

- 0, 2-0, 3-0 Silk ties
- 2-0 Silk stick tie (cutting needle)
- 3-0 Silk pop offs
- 4-0, 5-0 Prolene RB-1 double arm needles. X6 (open 2)
- #10 #11 #15 blades
- Vessel loops (Red/blue)
- Umbilical tape
- Bone wax
- Hemoclips - Medium
- Lap sponges
- Telfa- available
- Long bovie tips available
- 4-0 silk ties available

Staplers/Ligasure

- **Lungs**: TA stapler 60 with 2 re-loads.
- **Pancreas** – Ligasure
  - Endo GIA stapler 40 with 4-6 loads
- **Intestines** – Stapler with loads – this is rare

Closure

- #2 or #5 suture. (Prolene, Ethibond, Nylon)
- Large ioban to place over the donor once closed.

End of case

- Morgue/Body bag with funeral home tags.

*If slush machines are unavailable, please let the donation coordinator or surgical recovery coordinator know immediately*

The surgical recovery coordinator will provide their own perfusion tubing, cannulas, sterile containers, and packaging materials.

*Would also like a large back table for the hallway.*

*Garbage bags for visiting teams personal belongings*

*Once the patient passes, we have 5 minutes to incision. This includes final family goodbyes and the team re-entering the OR. Incision to cross clamp time is around 4 to 5 minutes from here which means sterile slush is needed immediately*