

LifeSource DCD PATHWAY

****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 loban 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.

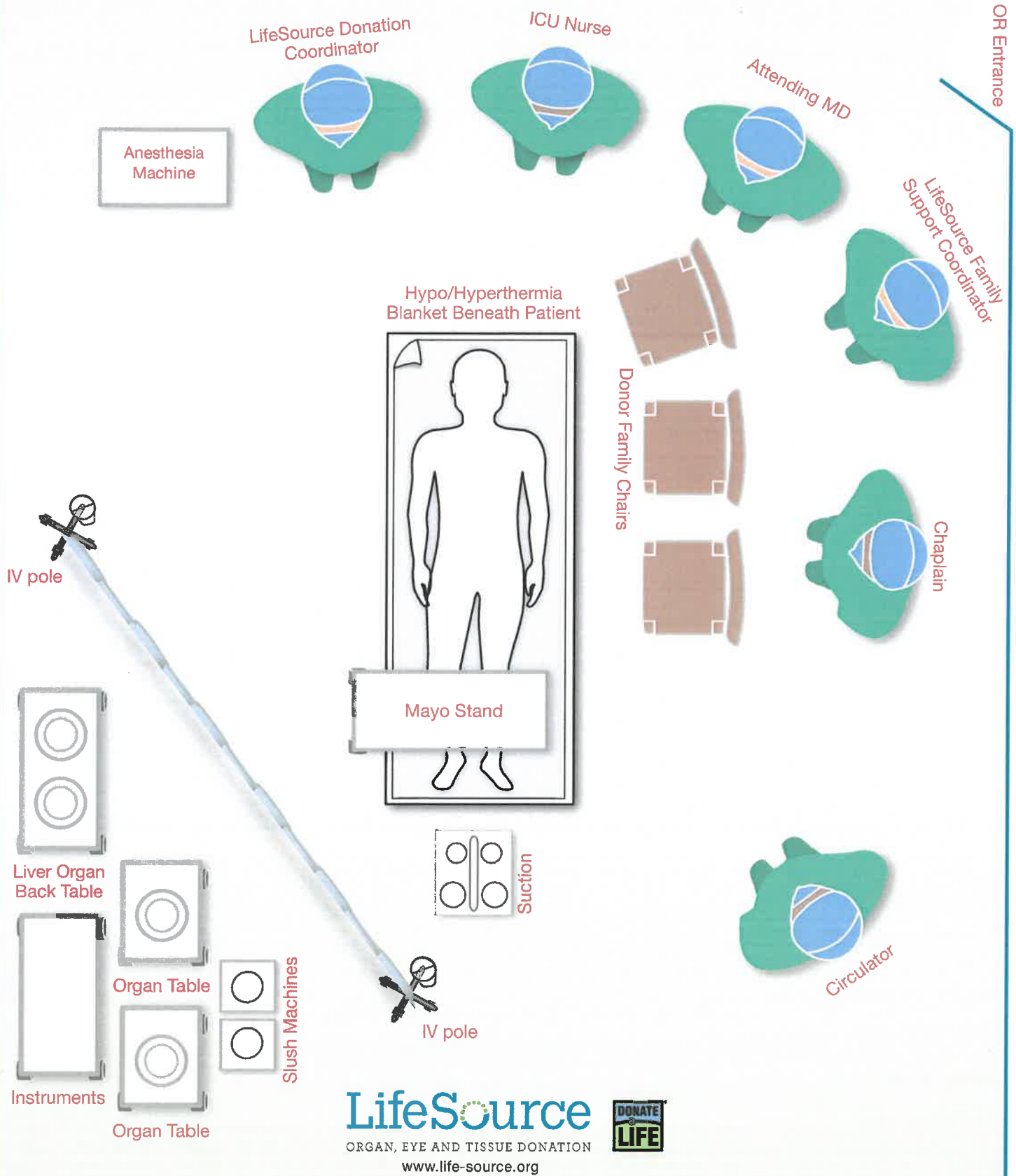
Would also like a large back table for the hallway.

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

ORGAN RECOVERY SET-UP

DONATION AFTER CIRCULATORY DEATH Room Set-up When Family is in the OR



LifeSource

ORGAN, EYE AND TISSUE DONATION

www.life-source.org

