

Organ donation for transplantation: early identification of potential organ donors

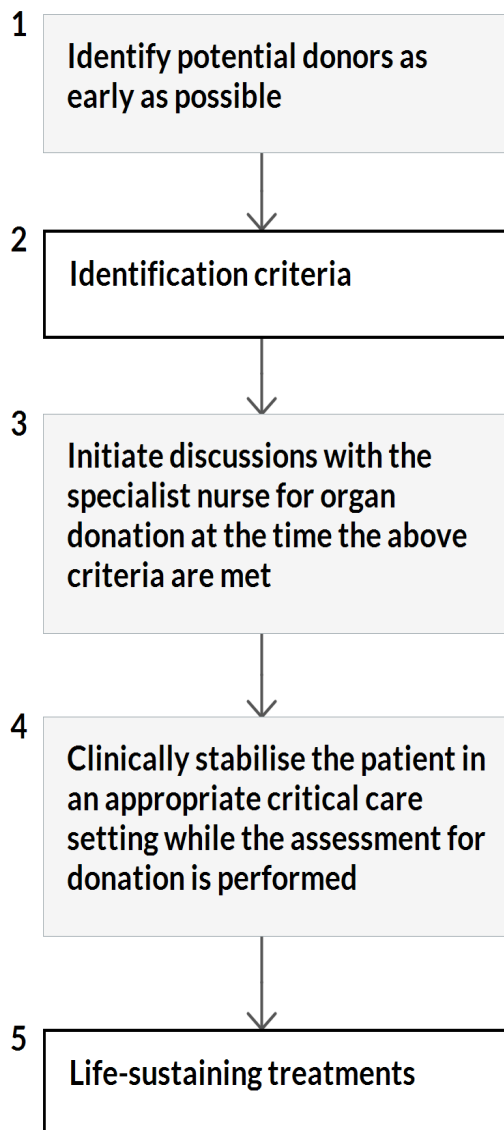
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/organ-donation-for-transplantation>

NICE Pathway last updated: 04 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Identify potential donors as early as possible

No additional information

2 Identification criteria

Base identification on either of the following criteria, while recognising that clinical situations vary:

- defined clinical trigger factors in patients who have had a catastrophic brain injury:
 - the absence of one or more cranial nerve reflexes **and**
 - a Glasgow Coma Scale score of 4 or less that is not explained by sedation unless there is a clear reason why the above clinical triggers are not met and/or a decision has been made to perform brainstem death tests
- the intention to withdraw life-sustaining treatment in patients with a life-threatening or life-limiting condition which will, or is expected to, result in circulatory death.

It is recognised that a proportion of the patients who are identified by these clinical triggers will survive.

See also the [Royal College of Paediatrics and Child Health's Diagnosis of death by neurological criteria in infants less than two months old](#).

3 Initiate discussions with the specialist nurse for organ donation at the time the above criteria are met

No additional information

4 Clinically stabilise the patient in an appropriate critical care setting while the assessment for donation is performed

No additional information

5 Life-sustaining treatments

Provided that delay is in the patient's overall best interests, life-sustaining treatments should not be withdrawn or limited until the patient's wishes around organ donation have been explored and the clinical potential to donate has been assessed in accordance with legal and professional guidance.

See the [Department of Health's Legal issues relevant to non-heartbeating organ donation](#), [Intensive Care Society's Donation after circulatory death consensus meeting report](#) and [General Medical Council's Treatment and care towards the end of life](#).

Glossary

Brainstem death

(death diagnosed after irreversible cessation of brainstem function and confirmed using neurological criteria; the diagnosis of death is made while the body of the person is attached to an artificial ventilator and the heart is still beating)

Circulatory death

(death diagnosed and confirmed following cardiorespiratory arrest)

Clinical triggers

(a set of clinical criteria used to indicate a high probability of death, which is used to define a standard point in care when the hospital is expected to initiate referral)

Sources

[Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation](#) (2011) NICE guideline CG135

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They

should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the

interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.