

Organ donation for transplantation: organisation and policy

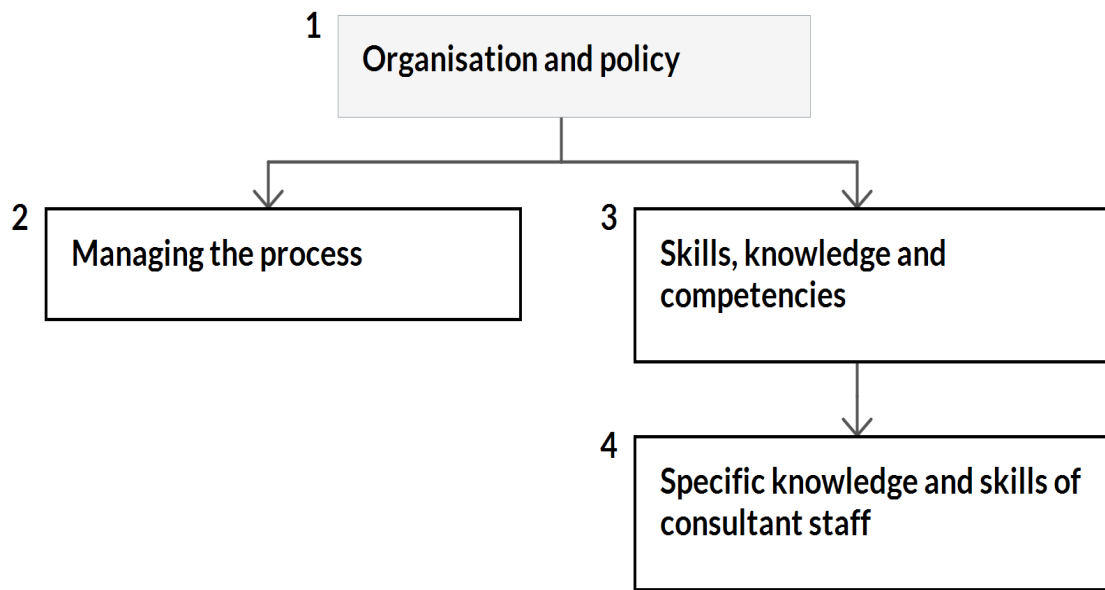
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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 Organisation and policy

No additional information

2 Managing the process

Each hospital should have a policy and protocol that is consistent with the recommendations in the guideline for identifying patients who are potential donors and managing the consent process.

Each hospital should identify a clinical team to ensure the development, implementation and regular review of their policies.

Adult and paediatric intensive care units should have a named lead consultant with responsibility for organ donation.

The MDT responsible for planning the approach and discussing organ donation with those close to the patient should include:

- the medical and nursing staff involved in the care of the patient
- the specialist nurse for organ donation
- local faith representative(s) where relevant.

Whenever possible, continuity of care should be provided by team members who have been directly involved in caring for the patient.

3 Skills, knowledge and competencies

The MDT involved in the identification, referral to specialist nurse for organ donation, and consent should have the specialist skills and competencies necessary to deliver the recommended process for organ donation outlined in this guideline.

The MDT involved in the initial approach should have the necessary skills and knowledge to provide appropriate support and accurate information about organ donation to those close to the patient.

All healthcare professionals involved in identification, referral to specialist nurse for organ

donation, and consent processes should:

- have knowledge of the basic principles, and the relative benefits, of donation after circulatory death versus donation after brainstem death
- understand the principles of the diagnosis of death using neurological or cardiorespiratory criteria and how this relates to the organ donation process
- be able to explain neurological death clearly to families
- understand the use of clinical triggers to identify patients who may be potential organ donors
- understand the processes, policies and protocols relating to donor management
- adhere to relevant professional standards of practice regarding organ donation and end-of-life care.

4 Specific knowledge and skills of consultant staff

Consultant staff should have specific knowledge and skills in:

- the law surrounding organ donation
- medical ethics as applied to organ donation
- the diagnosis and confirmation of death using neurological or cardiorespiratory criteria
- the greater potential for transplantation of organs retrieved from donation after brainstem death donors compared with organs from donation after circulatory death donors
- legally and ethically appropriate clinical techniques to secure physiological optimisation in patients who are potential organ donors
- communication skills and knowledge necessary to improve consent ratios for organ donation.

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)

Close to the patient

(family, friends, partners and anyone who knows the patient who can be, but is not necessarily, in a qualifying relationship)

MDT

multidisciplinary team

Specialist nurse for organ donation

(a healthcare professional with specific expertise in the promotion and facilitation of the entire donation process through working with all staff in critical care areas to support and maximise organ/tissue donation and providing support and information to families of potential donors)

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.