**CORE Evaluation and Process Form** (for use by OPO)

CORE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OPC Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PHASE I** |  **INFORMATION GATHERING HUDDLE (Huddle #1)** | Completed |
| 1. Chart Review & Clinical Evaluation Organ MS Tissue HV Skin Eye |   |
| 2. Huddle with Charge RN and Bedside RN |   |
| 3. Identify key hospital personnel involved in the case |   |
|  Attending: |  Ethics |   |
|  SW: |  Other: |   |
|  Chaplain: |  |
| 4. Obtain Family Information |  LNOK |   |
|  Key Family Members: |  |
|  Visitation Habits: |   |
|  Message Delivered to Family: |   |
|  POC: |   |
| 5. Call the AOC with the clinical update. AOC:  |   |
| 6. Disseminate information/decision of the clinical plan to the hospital staff and indicate the steps identified to move the case forward. |   |

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| The following are triggers leading in to Phase II – Family Support Huddle |
| Triggers: 1. Family mentions withdraw of support 2. Change in code status 3. Family mentions donation 4. Patient appears to be progressing to brain death 5. Family wants to withdraw |

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| **PHASE II** | **FAMILY SUPPORT HUDDLE (Huddle #2)** |  |
| 1. Who should be involved in the discussion with family about donation (ethics, pastoral care)?

Participants:  |  |
| 1. What opportunities for donation will CORE be discussing with the family?
 |
|  3. Who will speak about brain death? |
|  4. Where will CORE speak to the family? |
|  5. What are the family’s needs? |
|  6. What is the family’s support so far? |
|  7. Assure the hospital does not pre-approach the family. |

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| **PHASE III** | **TALK TO THE FAMILY** |
| 1. Location of discussion:
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| 1. Time of discussion:
 |
| 1. Family members present:
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| 1. OPO staff present:
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| 1. Hospital staff present:
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| **PHASE IV** | **FAMILY OUTCOME HUDDLE (Huddle #3)** |  |
| *Goal: Inform hospital staff of family decision and expectations of the case* |  |
| 1. Communicate the result of the conversation with the family
 |
| 1. What are the needs and expectations of the family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the family need pastoral care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long does the family anticipate staying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Establish short-term and long-term communication plan with family
 |
| 1. What is needed to move the donor case forward? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do we need an echo or additional diagnostic tests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Brain death testing complete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Provide hospital with estimated time of completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d. Complete OPC Bedside Board |

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| **PHASE V** | **OR PREPARATION HUDDLE (Huddle #4 – Anesthesia / OR Staff / Pathologist)** |  |
| *Goal: Set tentative OR time and ensure OR preparedness* |  |
| 1. Establish preliminary OR time
 |
| 1. DCD vs. Brain death
* If a DCD case, include the Bedside RN, Pronouncing Physician and Respiratory in this huddle)
 |
| 1. Equipment and staff needs
 |
| 1. Medication needs
 |
| 1. Review paperwork
 |
| 1. Notify pathologist of potential involvement
 |
| 1. Distribute billing and anesthesia letter
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*When possible, please meet with the surgeon(s) prior to Huddle #5 to review authorization, med/soc, pronouncement, serologies, ABO, high-risk disclosure (if applicable), additional items being recovered for CORE.*

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| PHASE VI | OR PRE-RECOVERY HUDDLE (Huddle #5)  |
| *Goal: Ensure all parties are knowledgeable of donor history and intended recovery* |  |
| 1. Discuss serologies and medical-social history
 |
| 1. Discuss formal time out
 |
| 1. Confirm ABO
 |
| 1. Coordinate surgical team recovery process (order of recovery, site of cannulation, etc)
 |
| 1. Review and confirm authorization
 |
| 1. Review and confirm pronouncement on brain-dead donors
 |
| 1. Review and confirm organ, research, tissue, and cornea to be recovered

Organ(s): Heart Lung(s) Liver Kidney(s) Pancreas Intestine Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tissue: Vessels \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nodes \_\_\_\_\_\_\_\_\_Cornea: CORE WVEB EEB |
| 1. Review medical Examiner needs and cannulation for Funeral Home

 Blood Bile Additional samples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cannulation:  |