**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: | |
| 1. Time of discussion: | |
| 1. Family members present: | |
| 1. OPO staff present: | |
| 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: | |