

The host OPO must provide:	For this organ:
Three to five lymph node samples	Each kidney or pancreas Any organ, if the receiving transplant hospital requests and they are available.

The host OPO will provide specimens for tissue typing for all other organs as requested.

2.14.E Deceased Donor Authorization Requirement

The host OPO may only recover organs that it has received authorization to recover. An authorized organ should be recovered if it is transplantable, or a potential transplant recipient is identified for the organ. If an authorized organ is not recovered, the host OPO must document the specific reason for non-recovery.

Extra vessels may only be recovered with at least one organ. To recover and use extra vessels in an organ transplant, the deceased donor authorization forms must include language indicating that the extra vessels will be used for transplant.

Recovery of covered VCAs for transplant must be specifically authorized from individuals authorizing donation, whether that be the donor or a surrogate donation decision-maker consistent with applicable state law. The specific authorization for covered VCAs must be documented by the host OPO.

2.14.F Non-renal Organ Procurement

Non-renal organ recovery teams have the option to remove the non-renal organ first unless extenuating circumstances dictate otherwise. All organ recovery teams must cooperate with each other.

2.14.G Start Time for Organ Procurement

After organs have been offered and accepted, recovery teams must agree on the time the procurement will begin. If they cannot agree on the start time for the procurement, the host OPO has the authority to withdraw the offer from the transplant hospital that cannot agree on the start time for procurement.

2.15 Requirements for Controlled Donation after Circulatory Death (DCD) Protocols

Donation after Circulatory Death (DCD) describes the organ recovery process that may occur following death by irreversible cessation of circulatory and respiratory functions. Potential DCD donors are limited to patients who have died, or whose death is imminent, whose medical treatment no longer offers a medical benefit to the patient as determined by the patient, the patient's authorized surrogate, or the patient's advance directive if applicable, in consultation with the healthcare team. Any planned withdrawal of life sustaining medical treatment/support will be carried out in accordance with hospital policy. Prior to the OPO initiating any discussion with the legal next-of-kin about organ donation for a potential DCD donor, the OPO must confirm that the legal next-of-kin has elected to withdraw life

sustaining medical treatment. The timing of a potential DCD donor evaluation and donation discussion will be coordinated with the OPO and the patient's healthcare team, in accordance with hospital policy. Death is declared by a healthcare team member in accordance with hospital policy and applicable state and local statutes or regulations. A DCD donor may also be called a non-heart beating, asystolic, or donation after cardiac death donor.

These policies will help OPOs and transplant hospitals develop necessary DCD protocols. These set the minimum requirements for DCD recovery but do not address local practices, cultural and resource issues, and therefore should not be the only resource consulted when developing DCD protocols. DCD protocols should continue to be developed through collaboration between OPOs, transplant hospitals, and donor hospitals.

2.15.A Agreement

The OPO must have a written agreement with all hospitals that participate in DCD recovery.

2.15.B Protocols

OPOs and donor hospitals must establish protocols that define the roles and responsibilities for the evaluation and management of potential DCD donors, organ recovery, and organ placement in compliance with OPTN Policy.

2.15.C Potential DCD Donor Evaluation

The primary healthcare team and the OPO must evaluate potential DCD donors to determine if the patient meets the OPO's criteria for DCD donation.

2.15.D Consent for DCD

Conditions involving a potential DCD donor being medically treated/supported in a conscious mental state will require that the OPO confirms that the healthcare team has assessed the patient's competency and capacity to make withdrawal/support and other medical decisions.

The OPO must confirm that consent has been obtained for any DCD related procedures or drug administration that occur prior to patient death.

2.15.E Authorization for DCD

For the purpose of obtaining authorization for a DCD recovery, "legal next of kin" can include *any* of the following:

1. The patient who authorizes deceased donation.
2. Persons defined by state/local laws to authorize organ donation.

2.15.F Withdrawal of Life Sustaining Medical Treatment or Support

Prior to the donor hospital withdrawing life-sustaining medical treatment or ventilated support, the OPO is required to conduct a timeout to confirm:

1. The patient's identification.
2. The process for withdrawing life-sustaining treatment or ventilated support.
3. Roles and responsibilities of the primary patient care team, the OPO team, and the organ recovery team.
4. The hospital's plan for continued patient care if the patient does not become a donor, and appropriate communication with the next of kin.

No recovery personnel (surgeons and other recovery practitioners) may be present for the withdrawal of life-sustaining medical treatment or ventilated support. No member of the organ recovery team or OPO staff may guide or administer palliative care or declare death.

2.15.G Pronouncement of Death

The donor hospital healthcare team member who declares the death of the potential deceased donor cannot be involved in any aspect of the organ recovery procedure or transplantation of that donor's organs. Death is declared in accordance with hospital policy and applicable state and local statutes or regulation.

2.15.H Organ Recovery

Organ recovery will only proceed after circulatory death is determined, inclusive of a predetermined waiting period of circulatory cessation to ensure no auto-resuscitation occurs.

2.15.I DCD Potential Donor Who Converts to Brain Death after an Organ Offer Has Been Made

When a DCD donor converts to brain death, the host OPO must re-execute the match system and allocate the organs according to the organ allocation policies. *Policy 5.4: Organ Offers* does not apply when a DCD donor converts to brain death. Additionally, OPOs should initiate allocation of organs that may have been ruled out due to the donor's initial DCD status.

However, the host OPO may choose not to reallocate organs from a DCD donor who converts to brain death for any *one* of the following reasons:

1. Donor instability
2. Lack of donor family approval and authorization
3. Other extraordinary circumstances

The host OPO must document the reason for not reallocating organs when a DCD donor converts to brain death and make this documentation available to the OPTN on request.