

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

ICU ORGAN DONOR MANAGEMENT ORDERS

(Items with tick boxes must be selected to be ordered) Page 1 of 4

Date: _____ Time: _____

ICU Physician: _____

Time
Processed
RN/LPN Initials
Comments

DISCONTINUE ALL PREVIOUS MEDICATION ORDERS

- Declaration of Brain Death has been performed by ICU physician and patient is an eligible donor
- Medical Certification of Death and Notice of Death completed

Standard Equipment

Warming Blanket to Keep Temperature 35 °C or higher

Standard Monitoring

- Height: _____ cm Actual Estimate
- Weight: _____ kg Actual Estimate
- Chest Girth: _____ cm
- Abdominal Girth: _____ cm
- HR, BP, Temperature Q1H
- CVP Q1H
- Pulse Oximetry Q1H
- Urine Output (**notify MD if urine output greater than 200 mL/H**) Q1H

Laboratory Investigations

- Initial, then Q4H AND PRN ABG, Serum Electrolytes
- Initial, then Q6H AND PRN CBC, SCr, Urea, Lactate, INR/PTT, AST, ALT, TBil, DBil
- Initial, then PRN Ca, Mg, PO4, ALP, GGT, LDH, CK, Total Protein, Albumin,
Amylase/Lipase, Troponin I, Routine and Microscopic Urinalysis
- Urine Drug Screen (if indicated)
- Other _____

Other Investigations

- Blood Type/Screen
- Send blood for tissue typing/serology
- Chest XRAY (if not performed within 12 hours)
- 12 Lead ECG (if not already performed within 12 hours)
- 2D Echocardiogram
- Coronary Angiogram (no ventriculogram) (**Physician to discuss with Donation Coordinator.**)
- Attach and institute "Prevention of Radiocontrast Dye-Induced Nephropathy" Pre-Printed Orders VGH PPO #37 (recommended if undergoing Coronary Angiography)

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Infection Surveillance

- Sputum Gram stain and culture
- Urine culture
- Blood culture X 2 peripheral venipuncture
- Culture all Drain Sites
- Swab nares and any large open draining wounds for MRSA (if not already done)
- Peri-rectal swab for VRE and MRSA (if not already done)

IV Solution(s):

_____ Rate: _____ mL/H

_____ Rate: _____ mL/H

Mechanical Ventilation

- Continue mechanical ventilation as per previous orders **OR**
- Mechanical ventilation as follows:
 - Mode _____
 - Tidal volume _____ (mL) **OR** pressure limit at _____ (cm H₂O) as applicable
 - PEEP _____ cm H₂O
 - Adjust FiO₂ to maintain SaO₂ greater than or equal to _____% Maintain PaO₂ greater than 70 mmHg with minimal effective FiO₂
 - Maintain normal pH and PaCO₂
 - Recruitment manoeuvres for oxygenation impairment as indicated

Oxygen Challenge: 100% FiO₂ with PEEP 5 cm H₂O, ABGs taken after 10 minutes; repeat oxygen challenge PRN

Gastrointestinal Access (if not already obtained)

- Insert nasal #18 French Salem Sump **OR**
- Insert oral #18 French Salem Sump

Nutrition Support

- Continue enteral nutrition as per previous orders
- NPO; NG/OG tube to low intermittent suction

Physician Signature
ICU ODM

Printed Name/College ID
Feb-08

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Hemodynamic Support

Hemodynamic Goals: SBP at or above 100 mmHg AND MAP at or above 70 mmHg

- Combined Hormonal Therapy Regimen (if requiring vasopressors/inotropes or EF less than 40%):
levothyroxine 100 mcg IV x 1, followed by 50 mcg IV Q12H **AND**
vasopressin 1 unit IV Push x 1, followed by 0.04 units/MIN IV **AND**
methylPREDNISolone 15 mg/kg IV Q24H (Dose = _____ mg)
- NORepinephrine 1 to 15 mcg/MIN IV (call MD if higher dose required)
- DOBUTamine 1 to 10 mcg/kg/MIN IV (consider if EF less than 40%)

Antihypertensive Therapy

If BP greater than or equal to 160/90 mmHg sustained for greater than 5 minutes, then:

- Wean vasopressors and inotropes, and if necessary:
 - hydrALAZINE 5 to 10 mg IV Q15 MIN PRN (if HR less than 80 bpm)
 - labetalol 2.5 to 10 mg IV Q15 MIN PRN (if HR greater than or equal to 80 bpm)

Glycemic Control

- Attach and institute "ICU Protocol to Control Blood Glucose" VGH PPO #253

Diabetes Insipidus Therapy (MD to confirm diagnosis.)

If hemodynamically stable **OR** unresponsive to vasopressin, give:

- DDAVP (Desmopressin) 2 mcg IV Q6H
Titrate to urine output less than or equal to 3 mL/kg/H

Antimicrobials

- Confirmation received from BCTS that lungs are accepted, then give:
fluCONazole 400 mg IV Q24H **AND**
vancomycin 1g IV Q12H (or dose-adjusted per pharmacist) **AND**
ceftazidime 2g IV Q8H

Other antimicrobials:

_____ Indication: _____

_____ Indication: _____

_____ Indication: _____

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Electrolyte Replacement Protocol

CAUTION: USE ELECTROLYTE REPLACEMENT PROTOCOLS ONLY IF THE FOLLOWING CRITERIA ARE MET (Review daily)

SCr is less than 150 mmol/L or normal renal function

**** AND ****

Urine output is greater than 0.5 mL/kg/H x 2 consecutive hours

Potassium Replacement Protocol

If serum potassium is

3.1 to 4.0 mmol/L: Give potassium chloride 20 mmol IV over 1 hour

2.5 to 3.0 mmol/L: NOTIFY MD and give potassium chloride 20 mmol IV over 1 hour;
repeat x 1

less than 2.5 mmol/L: NOTIFY MD and give potassium chloride 20 mmol IV over 1 hour;
repeat x 2

● Check serum potassium 2 hours after the end of the final replacement dose

Phosphate Replacement Protocol

If serum phosphate is less than 0.8 mmol/L AND serum potassium is less than 4.0 mmol/L:

Give POTASSIUM Phosphate 15 mmol IV over 4 hours Q8H x 3 doses

Check serum potassium, PO₄ and ionized calcium 6 hours after end of final dose

If serum phosphate is less than 0.8 mmol/L AND serum potassium is 4.0 mmol/L or above:

Give SODIUM phosphate 15 mmol IV over 4 hours Q8H x 3 doses

Check serum PO₄ and ionized calcium 6 hours after end of final dose

Magnesium Replacement Protocol

If serum magnesium is less than 0.7 mmol/L:

Give magnesium sulphate 5 g IV over 4 hours Q8H x 3 doses

Check serum magnesium 6 hours after end of final dose

Calcium Replacement Protocol

If serum ionized calcium is less than 1.1 mmol/L:

Give Calcium chloride 10% 1 g IV over 30 minutes x 1 dose

Check serum ionized calcium 6 hours after end of dose

Other Orders

Physician Signature
ICU ODM

Printed Name/College ID
Feb-08