Organ Donation and the ICU Nurse

Timely OPO referral, who asks the family, brain death and DCD in brief, donor management goals, family support and charting

WHAT YOU WILL DO

- Spot a referral trigger and make sure the OPO is called, often yourself, before any withdrawal of support
- Keep donation out of your conversations with the family; the OPO or a trained requester asks
- Prepare the patient for a brain death exam and support the family through it
- After death by neurologic criteria, run donor care to the OPO's goals and orders
- Chart the call, the times and every handoff exactly

REFER EARLY: THE CMS RULE AND COMMON TRIGGERS

CMS (42 CFR 482.45) requires timely notice to the OPO of every death and every imminent death. Surveyors read timely as ideally within 1 hour of the trigger. The OPO, not the bedside team, decides who is medically suitable.

Triggers come from your hospital's agreement with its OPO; use your hospital's list.

COMMON TRIGGER	EXAMPLE
Severe brain injury on a ventilator	GCS 5 or less, or falling fast
Loss of brainstem reflexes	Lost pupil, corneal, cough or gag reflex
Brain death exam planned	Neurology or intensivist plans testing
Talk of withdrawal or DNR	Family meeting set to discuss comfort care
Any death	Cardiac death on the unit (tissue and eye donation)

SAFETY Call before life support is withdrawn. A late call, or no call, can remove the family's chance to choose donation.

WHO ASKS THE FAMILY

Decoupling: the team explains death or the poor prognosis first; later, the OPO representative or a hospital-designated requester trained by the OPO raises donation. If the family asks you, answer honestly and offer to bring in the OPO. Never decide for a family that they would not want to be asked.

DEATH BY NEUROLOGIC CRITERIA (2023 GUIDELINE, ADULTS)

Greer 2023. Time of death is when the determination is complete (the final apnea-test ABG).

STEP	WHAT THE NURSE SETS UP
Prerequisites	Known irreversible cause; at least 24 h after anoxic injury; sedatives cleared; TOF 4/4
Physiology	Core ≥36 °C; SBP ≥100 and MAP ≥75; correct severe metabolic problems
Exam	Coma; no brainstem reflexes; one exam in adults
Apnea test	Preoxygenate 100% O_2; ABG kits ready; positive if $PaCO_2$ ≥60 and ≥20 above baseline, pH <7.30
Ancillary test	Only if the exam or apnea test cannot be completed

DONATION AFTER CIRCULATORY DEATH (DCD), IN BRIEF

- The patient is not brain dead; withdrawal is decided first, apart from donation
- The primary team withdraws support and gives comfort medicines; transplant staff take no part
- After the heart stops: a no-touch wait, 5 minutes in most US protocols, then the care team declares death
- OPTN, from November 18, 2026: at least 5 minutes before recovery; anyone may call a pause
- If death does not come in the agreed window, comfort care continues

DONOR CARE AFTER BRAIN DEATH (AS THE OPO DIRECTS)

UNOS Region 5 donor management goals (current registry version); OPO protocols vary (Malinoski 2012, Meyfroidt 2019).

SYSTEM	GOAL	USUAL TOOLS
Hemodynamic	MAP 60–110; one low-dose pressor	Fluids, vasopressin, norepinephrine
Lungs	P/F ≥300; pH 7.30–7.50	Tidal volume 6–8 mL/kg, PEEP, suction, turns
Endocrine	Na ≤155 mEq/L; glucose ≤180 mg/dL (10 mmol/L)	Desmopressin for DI, insulin, steroid or thyroid hormone per protocol
Kidneys	Urine ≥0.5 mL/kg/h	Hourly I&O; replace DI losses
Temperature	Core above 35 °C	Warming; target per OPO

FAMILY SUPPORT AND CHARTING

- Use the words dead and death; avoid "life support" for a dead patient
- Offer chaplain, time, rituals and presence at the brain death exam
- Chart: OPO call time, referral number, name of the person spoken to
- Chart: time of death, who declared it, and who spoke with the family

CALL FOR HELP WHEN

- A trigger is met and no one has called the OPO
- Withdrawal is about to start and the OPO has not answered
- A donor's MAP stays below goal, or urine output surges with a rising sodium
- Arrhythmia or arrest in a donor (follow the OPO's resuscitation plan)
- A family member or staff member raises a safety concern during DCD

CHECK YOUR UNIT'S POLICY FOR

Your OPO's phone number and trigger list, who places the call, whether DCD withdrawal happens in the ICU or the OR, the donor management order set, and which forms to complete.

Sources (12) are listed with links at icubasics.com/sheets/organ-donation.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.