DEPARTMENT OF THE ARMY
US ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Huachuca, Arizona 85613-7040

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Medical Services
ORGAN DONATION

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1. HISTORY. This issue publishes a first printing of this publication.

2. PURPOSE: To be in compliance with state and federal laws, JCAHO requirements and in support of the medical and humanitarian benefits of transplantation.

3. SCOPE: All personnel assigned to and employed by the Raymond W. Bliss Army Health Center (RWBAHC).

4. POLICY:

4.1 In the rare instance in which a patient reaches a state of potential brain death while undergoing treatment at RWBAHC, such patients will be transferred to an appropriate medical treatment facility where a determination of brain death can be made.

4.2 If a patient expires while undergoing evaluation or treatment at RWBAHC, Patient Administration Division (PAD) will make an attempt to determine the organ donation status of the expired individual and coordinate further action with the Donor Network of Arizona (DNAZ).

4.3 RWBAHC's responsibility to the organ donation process is to provide necessary information to all ambulatory surgical patients with regard to organ donation procedures – and to facilitate the organ donation process by working in cooperation with the Donor Network of Arizona (DNAZ). RWBAHC is not required by federal or state law to report deaths to the DNAZ and is exempt from federal donation standards since it is a military health care facility.

_____
*This memo supersedes MEDDAC MEMO 40-169, dtd 27 Jan 05

5. **REFERENCES**: Arizona Revised Statutes (ARS) 36-841 to 36-849, Anatomical Gift Act. AZDonorRegistry.org, ARS 36.842.01

6. DEFINITIONS:

6.1 Anatomical Donation: Gift of any organ, tissue or eye for the purpose of transplantation, therapy or medical education, or advancement of medical science.

6.2 Donor Network of Arizona: Federally designated Organ Procurement Organization for the State of Arizona, also eye and tissue recovery organization.

6.3 Designated Trained Requestor: Health Center staff, physicians or Donor Network of Arizona staff who completed a course offered or approved by Donor Network of Arizona and received certification as a Trained Requestor.

6.4 Privacy Terms for Donation: The final Health Insurance Portability and Accountability Act (HIPAA) specifically allows Covered Entities to disclose protected health information to federally designated Organ Procurement Organizations (OPO), or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissues for donation and transplantation. This provision is specifically "intended to allow covered entities to initiate contact with organ and tissue donation and transplantation organizations to facilitate transplantation of cadaver organs, eyes and tissues".

6.5 AZ Donor Registry: An anatomical gift registry that is a mechanism for Arizona citizens to record their decision to become organ, tissue or eye donors. Effective April 2003.

6.6 Legal Decision Maker: A potential donors surrogate as defined by the Arizona Revised Anatomical Gift Act.

7. PROCEDURES

7.1 Organ Donor Identification:

7.1.1 Patient Administration Identification. In accordance with MEDDAC Memo 40-140 Advance Medical Directives and Advance Consent for Organ Donations, line 6.1.1, during an Ambulatory Procedure Visit (APV) all adult patients will be given an information sheet on Advanced Medical Directives (AMD) and Organ Donation, advised to read it, encouraged to discuss it with their physician, nursing personnel, legal advisor, or Patient Accountability staff if they are interested in becoming an organ donor.

7.1.2 Preadmission Identification. The Preadmission nurse will document the status of the patient's AMD on MEDCOM FORM 684-R (Medical Record Patient Past Medical/Social History). If the patient does not and would like to have a current AMD prior to surgery, the opportunity to complete one is offered at that time.

7.2 Consent for Donation:

7.2.1 The patient will complete the Arizona Record for Donation of Anatomical Gift Decisions Form (Appendix A) if he/she wishes to become an organ donor. These forms will be offered to the patient in the Patient Administration Division and also in the Preadmission Section.

7.2.2 With signed consent for donation, the consenting party must also place his/her initials next to each intended anatomical gift(s) to demonstrate acknowledgement and approval. The consenting party must be given notice of the right to have a third party present. The consent form must reflect:

7.2.2.1 Date, time and location of the donation offer and decision;

7.2.2.2 Name and signature of translator, if used;

7.2.2.3 If authorization for donation is by Next-of-Kin/Legal Decision Maker the name and Signature of Designated Requestor;

7.2.2.4 Name of Hospital or Health Center.

7.2.3 An AMD or organ donor label should be place on the record jacket alerting both physicians and nursing staff that the patient is an organ donor.

7.3 Reporting a death to the DNAZ**:**

7.3.1 RWBAHC is not required to report a death to the DNAZ, but may do so upon the request of the family or patient, as long as the request to be an organ donor is in writing by the patient prior to the death.

7.3.2 At or near the time of death Donor Network of Arizona (DNAZ) may be called (1-800-477-9477) for the evaluation and determination of type of donation possible for the patient. The phone call is documented on the consent for donation form or in the progress notes. The call may be placed when any of the following clinical triggers occurs:

7.3.2.1 Glascow Coma Scale (GCS) of a 6 or less, or equivalent measure of patient's grave neurological status.

7.3.2.2 Ordering by the attending physician of the discontinuance of resuscitation efforts and/or mechanical ventilation or plans for such discussion with the patient's next-of-kin or legal decision maker.

7.3.2.3 Ordering of any test to determine brain viability (such tests are not available at RWBAHC at this time).

7.3.2.4 When the LIP responsible for the patient's care feels death is imminent.

7.3.2.5 Pronouncement of death.

7.3.3 What will be asked on the initial call:

7.3.3.1 patient name, demographics

7.3.3.2 admitting diagnosis and cause of death

7.3.3.3 name of health care organization

7.3.3.4 full name of person making referral call and phone number

7.3.3.5 name of patient's RN with phone number for return call

7.3.3.6 attending physician's name

7.3.4 What will be asked on the follow up call:

7.3.4.1 past medical history

7.3.4.2 cultures, WBC's, temp

7.3.4.3 height/weight

7.3.4.4 fluid estimate: I/O

7.4 When DNAZ determines patient is NOT suitable for transplantation:

7.4.1 Document first and last name of DNAZ staff.

7.4.2 Document DNAZ reason patient not suitable for transplantation, e.g.

7.4.2.1 Age

7.4.2.2 Medical/social history

7.4.2.3 Family declines

7.4.3 Document that the case is closed in the patient's chart.

7.5 When DNAZ Accepts Potential Donor:

7.5.1 DNAZ identifies tissue that can be donated.

7.5.2 Health Center staff documents on progress notes in patient chart.

7.5.3 Collaboration re: family conference

7.5.3.1 Physician (preferably) consults with family.

7.5.3.2 DNAZ staff as alternative resource for offering donation options.

7.5.3.3 Utilize Designated Trained Requestor (DTR) if available within facility.

7.6 Further Consent Procedures once a potential organ donation candidate has been identified:

7.6.1 Once DNAZ's recovery coordinator has identified the patient as a potential donor, the LIP responsible for the care of the patient shall ensure that a trained requestor is contacted to approach the person's legal decision maker with the options of anatomical donation.

7.6.2 Prior to discussing donation with the family, a trained requestor or DNAZ staff should make a reasonable effort to find evidence of a person's consent to donate (donor card, living will, power of attorney, anatomical gift registration or other document of gift). If the donor information is in the medical record, it will be faxed to the DNAZ.

7.6.3 If patient is already a registered donor, DNAZ will fax proof of registration to the location of the patient. One copy of the proof of registration will become a permanent part of the patient's medical chart. A second copy will be provided to the family/NOK to advise them that their loved one is a registered donor and how DNAZ will proceed to fulfill their loved one's wishes. The family/NOK will not be required to consent to donation, although a trained requestor or a DNAZ staff member will need to speak with the family about the registration and the donor process.

7.6.4 According to Arizona's Anatomical Gift Act (revised 1997), the person's legal decision maker for the purpose of consent is defined with the following priority.

7.6.4.1 Healthcare power of attorney.

7.6.4.2 Court appointed guardian.

7.6.4.3 Spouse (unless legally separated).

7.6.4.4 Adult son or daughter (age 18 or older).

7.6.4.5 Parent.

7.6.4.6 Domestic partner.

7.6.4.7 Adult brother or sister (age 18 or older).

7.6.4.1 Close friend of the decedent.

7.7 Completing the Process:

7.7.1 FAX a copy of the consent form to the DNAZ.

7.7.2 File original referral/consent form in the patient's chart.

7.7.3 Provide the legal consenter with a copy of the signed consent.

7.8 Organ Harvesting**:** The DNAZ along with Patient Administration Division will coordinate transfer of the patient to the appropriate facility for organ harvesting.

The proponent for this publication is the Deputy Commander for Clinical Services. Users are invited to send comments or suggestions on DA 2028 to MCXJ-DCCS, USA MEDDAC, Fort Huachuca, AZ 85613-7040.

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Appendix A: Applicable Forms

AZ RECORD FOR DONATION OF ANATOMICAL GIFT DECISIONS

1. Name of hospital or facility: _____

2. Patient's first and last name: _____

Addressograph or Patient Identification Label

Authorization for Donation By:

☐ Donor Registration (attach registration documentation and notify family)

☐ Next-of-Kin or Authorized Decision Maker Consent (see Decision Maker Status below)

Decision Maker Status (in order of legal authority):

1. ☐ Healthcare Power of Attorney
2. ☐ Court Appointed Guardian
3. ☐ Spouse (unless legally separated)
4. ☐ Adult Child
5. ☐ Parent
6. ☐ Domestic Partner
7. ☐ Adult Sibling
8. ☐ Close Friend
9. ☐ County Medical Examiner or Health Officer

Legal Notice: You have the right to have a third party present, in person or by telephone while you review, initial and / or sign this form.

CONSENT TO ANATOMICAL GIFT

I, _____ (print name), hereby confirm that I am the legal next-of-kin or authorized decision maker for the patient as listed above. I have no knowledge that the patient has legally refused donation or that a member of my relationship class or prior class, in the order listed above, would object to this donation. For humanitarian reasons and to benefit others in need, I hereby grant permission for the removal of the listed patient's organs and/or tissues, as noted below by initialing line(s) below, for use by any legally authorized donee. (Leaving a line blank indicates no consent for those specific organs and/or tissues.)

_____ Heart
_____ Kidneys
_____ Liver
_____ Lungs
_____ Pancreas
_____ Small Intestine
_____ Eyes
_____ Heart for Valves
_____ Pancreas/Islet Cells
_____ Other: _____
_____ Pericardium
_____ Vertebrae
_____ Bones and Connective Tissue of the Upper Body
_____ Bones and Connective Tissues of the Lower Body and Pelvis
_____ Femoral Veins
_____ Saphenous Veins
_____ Skin

Please check one:
☐ Donated organs and/or tissues may be used for transplantation only.
☐ Donated organs and/or tissues may be used for transplant and for the advancement of medical science and education through research.

• Special requests or limitations: _____

I understand and authorize the following as indicated by my signature for consent at the end of this document:

A. The death of the patient listed above has been explained to me, and I understand that organ and tissue donation cannot take place until death has occurred.
B. The hospital and the donation agency will review and obtain copies of the above listed patient's medical records, death certificate and autopsy results (if there is an autopsy) in order to determine if the organs and / or tissues can be transplanted. Relevant information about cause of death and the donation may also be exchanged with the funeral provider. This information will be shared with transplant hospitals and other organizations involved in facilitating this donation.
C. The patient listed above will undergo infectious disease testing including, but not limited to, HIV and hepatitis. Positive confirmed tests will be reported to the Arizona Department of Health Services as required by Arizona law.
D. There is no guarantee that donation will take place.
E. Additional medical tests may be performed to make sure that organs and tissues are functioning properly.
F. Lymph nodes and spleen may be removed for additional testing for transplantation suitability.
G. There is no cost to the above listed patient's estate or to the family for donation. All medical charges that are unrelated to donation remain the responsibility of the patient's insurance company or other responsible party. Funeral expenses also remain the responsibility of the family or estate.
H. If the above listed patient's death falls under the jurisdiction of the county medical examiner, donation cannot occur until permission is granted by the medical examiner. In this case an autopsy may be performed by the medical examiner.
I. Donation includes careful reconstruction of the donor and the donation does not generally interfere with funeral plans. Complications such as swelling and bruising are rare, but can happen as with any surgical procedure or autopsy.
J. Both nonprofit and for-profit organizations may be involved in the facilitation of this donation in order to provide maximum benefit to those who receive the gifts.
K. Recovered tissues may take on a different form for the purposes of transplantation.
L. Organs and tissues are distributed according to local, state and federal guidelines and industry standards. Tissue unable to be placed in the United States may be made available to patients in other countries.
M. The donor may be transported to a different facility to facilitate donation.
N. I have been given notice of my right to have a third party present for the review, initialing and signature of this written consent for donation.
O. I will receive a copy of this AZ Record for Donation of Anatomical Gift Decisions.

SIGNATURE OF DECISION MAKER _____ DATE MM/DD/YYYY _____ TIME - HRS _____

PRINTED NAME AND SIGNATURE OF WITNESS (IF APPLICABLE) _____ PRINTED NAME AND SIGNATURE OF DESIGNATED REQUESTOR _____

PRINTED NAME OF THIRD PARTY IF REQUESTED _____ LOCATION OF APPROACH FOR ANATOMICAL GIFTS _____

PRINTED NAME AND SIGNATURE OF TRANSLATOR (IF APPLICABLE) _____

NAME OF PATIENT'S NEXT-OF-KIN OR AUTHORIZED DECISION MAKER (PRINT)		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER WHERE DECISION MAKER WILL BE IN THE NEXT 4 - 12 HOURS: (FOR FOLLOW UP CONVERSATION REGARDING PATIENT'S MEDICAL INFORMATION)			

CONSENT DECLINED BY DECISION MAKER

I, _____ (print name), have been given information about organ and tissue donation and hereby decline permission on behalf of the decedent.

SIGNATURE OF DECISION MAKER _____ DATE MM/DD/YYYY _____ TIME - HRS _____

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Donor Network of Arizona: 1-800-447-9477

WHITE—Hospital YELLOW—Next-of-Kin or Authorized Decision Maker

ANATOMICAL GIFT NOTIFICATION FORM

1. Name of hospital or facility: _____

2. Patient's first and last name: _____

Addressograph or Patient Identification Label

ANATOMICAL GIFT NOTIFICATION FORM

FOR HOSPITAL AND PROCUREMENT STAFF USE ONLY. In compliance with 42 U.S.C. § 1320b-8; 42 C.F.R. Part 482, Conditions of Participation in Medicare, all deaths and imminent brain deaths must be referred to Donor Network of Arizona at 1-800-447-9477 or (602) 222-3800. These calls should be made prior to any person speaking to the family about donation options. **Please complete the documentation of referral on this form.**

NAME OF PERSON NOTIFYING DONOR NETWORK OF ARIZONA (First, Last Name):	NOTIFICATION DATE (MM/DD/YYYY):	NOTIFICATION TIME:
NAME OF DONOR NETWORK OF ARIZONA REPRESENTATIVES NOTIFIED (First, Last Name):		

Donor Network of Arizona acceptance of potential donor:

☐ Patient NOT accepted* *Reason:* _____

☐ Patient ACCEPTED for Donation

**If the patient has not been accepted for donation, stop here and file this document in the patient chart. If patient is accepted, please proceed.*

Patient may be able to donate:

☐ Heart ☐ Small Intestine ☐ Pericardium ☐ Femoral Veins ☐ Skin
☐ Kidneys ☐ Eyes ☐ Vertebrae ☐ Saphenous Veins
☐ Liver ☐ Heart for Valves ☐ Bones and Connective Tissue of the Upper Body
☐ Lungs ☐ Pancreas for Islet Cells ☐ Bones and Connective Tissues of the Lower Body and Pelvis
☐ Pancreas ☐ Other: _____

AZ Donor Registry status as provided by Donor Network of Arizona.

☐ Yes, patient is registered to be a donor (*attach registration*)
☐ No, patient is not registered to be a donor (proceed with approach by designated trained requestor or trained requestor)

Family Approach Documentation (necessary only if patient has been accepted for donation).
The above listed regulation also requires that anyone who presents donation options to a family must be trained and designated by the hospital for this role. If you are not sure of a trained Requestor on your unit, please contact your Supervisor or Donor Network of Arizona to assist with the approach. NOTE: For potential organ donors, approach must include Donor Network of Arizona staff unless otherwise instructed.

NAME OF PERSON PRESENTING DONATION OPTIONS TO THE FAMILY:

***Attention designated trained Requestor: Please complete the "Arizona Record for Donation of Anatomical Gift Decisions".**

Per Arizona Statute, a copy of AZ Record For Donation of Anatomical Gift Decisions must be provided to the consenting party, please document this below:

☐ Copy Provided _____ (Date) _____ (Time) ☐ N/A Family Declined Consent

Copy Provided to: _____ (Name) _____ (Relationship to Donor)

NOTES: _____

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