

# Referral Huddle

Occurs when LifeGift staff responds onsite to a referral  
LifeGift will alert the charge nurse when it is time for this huddle

## LifeGift Members:

- Referral Clinical Specialist
- Possibly Donation Clinical Specialist, Donation Systems Specialist

## Health Care Team Members: *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse, Charge Nurse, Respiratory Therapist, Physician and other providers if appropriate
- May also include chaplain, social work, or other members of the team caring for the patient

## Objective:

- To discuss patient's clinical status, share plan of care and determine patient's current donor potential status

## Information to be Discussed:

- Introduce LifeGift and healthcare team members and identify roles
- Treatment plan
- Previous and future labs, diagnostics, and clinical assessments
- Medications (paralytics/sedation) to be added/removed
- Any potential orders for consults, such as palliative care or hospice
- Confirm GCS and neuro status
- Patient's donor designation status
- Family status and Legal Next of Kin, including:
  - Conversations with the family
  - Family dynamics
  - Family location
  - Family level of understanding and if appropriate, readiness for donation conversation
- Any discussion of poor prognosis or withdrawal of support
- Potential for patient to progress to brain death or plans for brain death testing
- Donation opportunity: DCD, brain death, tissue donation
- Communication plan
- Next time LifeGift and healthcare team will connect if LifeGift is not staying onsite
- Healthcare team to contact LifeGift with any changes to plan of care for purpose of preserving the donation opportunity



**SHIFT CHANGE HUDDLES WILL ALSO OCCUR EVERY CHANGE OF SHIFT  
ON ACTIVE DONOR CASES TO ENSURE STAFF ARE UPDATED**

# Pre-Donation Conversation Huddle

*Occurs prior to donation conversation with family  
LifeGift will alert the charge nurse when it is time for this huddle*

## **LifeGift Members:**

- Family Engagement Specialist
- Possibly Donation Systems Specialist and Donation Clinical Specialist

## **Health Care Team Members:** *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse
- Charge Nurse
- Attending Physician and other providers if appropriate
- Possibly chaplain, social work, or other members of the team involved with family

## **Objective:**

- To establish a collaborative donation conversation plan, identify decision makers, and assess family understanding/acceptance and potential barriers

## **Information to be Discussed:**

- Introduce LifeGift and healthcare team members and identify roles
- Identification of the family members and LNOK
- Is the family waiting on any decision-makers?
- If a large family, who should be included in the donation conversation?
- Any clinical factors that might impact patient stability or organ suitability
- Brain dead potential donors: Has family been informed of brain death?
- Brain dead potential donors: Does family accept that the patient cannot recover and has been declared dead?
- Has the LifeGift Family Readiness Assessment Tool been completed and if so, what are the findings?
- DCD potential donors: Does family understand and accept poor prognosis?
- Are there any family dynamics that LifeGift should be aware of prior to meeting the family?
- Are there any religious or cultural considerations or needs that should be discussed?
- Is the patient on the donor registry?
  - If yes, discussion of how First Person Authorization differs from LNOK authorization and how that affects the donation conversation
- Identify who will be speaking with family, including appropriate members of healthcare team
- Discuss how to introduce LifeGift to family
- Assist with providing bridging and transition language to hospital staff
- Decide upon time and location of donation conversation



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# Post-Donation Conversation Huddle

*Occurs after LifeGift speaks to authorizing agent  
LifeGift will alert the charge nurse when it is time for this huddle*

## **LifeGift Members:**

- Family Engagement Specialist
- Possibly Donation Clinical Specialist, Donation Systems Specialist

## **Health Care Team Members:** *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse
- Charge Nurse
- Attending Physician and other providers if appropriate
- May also include chaplain, social work, or other members of the team involved in donation conversation

## **Objective:**

- To review outcome of donation conversation and address next steps

## **Information to be Discussed:**

- Introduce LifeGift and healthcare team members and identify roles
- Who was involved with the discussion with the family about donation?
- What opportunities for donation did LifeGift discuss with the family?
- Any family concerns to be addressed by healthcare team such as misunderstanding of brain death, hope for “getting better?”
- Did family authorize, decline or not make decision at this time?
- If patient is a registered (first person authorization) donor and family is in opposition
  - Discuss escalation plan to LifeGift and hospital leadership, if appropriate
- If family did not make decision
  - Timeframe and plan for LifeGift to reapproach family
- If family authorized donation
  - See Case Start Huddle
  - Did the family designate a point of contact for LifeGift/HCT?
  - Did the family request time frame for donation?
  - Was transfer process discussed with family? IF APPLICABLE
- Discuss next steps in continuing to support and communicate with family
- Will there be a flag/raising or honor walk?
- Any additional needs or family requests for special considerations or activities for end-of-life care?



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# Case Start Huddle

*Occurs if authorization is obtained and organ donor case is starting  
LifeGift will alert the charge nurse when it is time for this huddle*

## **LifeGift Members:**

- Donation Clinical Specialist
- Possibly Family Engagement Specialist, Donation Systems Specialist

## **Health Care Team Members:** *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse
- Charge Nurse
- Physician and other providers if appropriate
- May also include respiratory care and other clinicians involved in clinical care of donor

## **Objective:**

- To discuss clinical needs for organ assessment/recruitment and plan of care moving forward

## **Information to be Discussed:**

- Introduce LifeGift and healthcare team members and identify roles
- Next steps in plan of care: This will differ depending on whether patient is a Brain Dead or DCD donor
- Equipment and staff needs
  - Blood draw needed; LifeGift will provide the blood tubes
- Medication needs
- Diagnostic tests
- Family timeframes on case completion, if applicable
- Is this a rapid case due to donor stability or family timeframes?
- Additional family needs
- Review of paperwork
- If donor is Brain Dead, discuss process of flipping chart
- Transfer of patient: IF APPLICABLE
- Notification to pathologist of potential involvement
- Any information to relay to the OR
- Any other expectations, goals and needs

# Shift Change Huddle

*Occurs during shift change on a donor case  
LifeGift will alert the charge nurse when it is time for this huddle*

## **LifeGift Members:**

- Donation Clinical Specialist
- Possibly Family Engagement Specialist, Donation Systems Specialist

## **Health Care Team Members:** *(Gathering these members is the responsibility of the charge nurse)*

- Bedside Nurse
- Charge Nurse
- Physician and other providers if appropriate
- May also include respiratory care and other clinicians involved in clinical care of donor

## **Objective:**

- To introduce LifeGift and HCT incoming team members to each other and discuss current plan of care for the donor. Inform the incoming HCT of donor's care and condition during previous shift and share requests and procedures needed during the upcoming shift. Includes family dynamics, diagnostics and orders, and any additional clinical information and needs.

## **Information to be Discussed:**

- Introduce LifeGift and healthcare team members and identify roles
- Next steps in plan of care: This may differ depending on whether patient is a Brain Death or DCD donor
- Current patient plan of care, treatment plan
- Order sets for the shift (12 hr.) – medications, lab draws, etc.
- Procedures to be done during the shift – bronch, CT scan or X-Rays, etc.
- Consults such as Palliative Care, Pathology, etc.
- Is this a rapid case due to donor stability or family timeframes?
- Additional family needs
- Transfer of patient: IF APPLICABLE
- Is there information to relay to the OR?
- Any other expectations, goals and needs

# Pre-OR Huddle

Occurs prior to donor entering OR for organ recovery on DCD Cases  
LifeGift will alert the charge nurse when it is time for this huddle

## LifeGift Members:

- Donation Clinical Specialist
- Donation Recovery Specialist
- Recovery Surgeon(s)
- Possibly Family Engagement Specialist, Donation Systems Specialist

## Health Care Team Members: *(Gathering these members is the responsibility of the charge nurse)*

- OR circulator
- Anesthesia
- Respiratory care
- ICU nurse and attending physician
- Family support teams, ex. chaplain

## Objective:

- For DCD donors: to discuss end-of-life and declaration of death process and subsequent organ recovery

## Information to be Discussed:

- Introduce LifeGift and healthcare team members and identify roles
- Role of each individual in the OR
- Organs to be recovered
- Positive serologies/NAT/PHS increased risk
- ME status: any special requests, photos, blood draws, etc.
- Organ specific requests or concerns by the transplant center(s)
- Equipment needs
- Will there be a Walk of Honor from ICU to the OR?
- If family will be in OR:
  - If yes, who is serving as liaison to family in OR
  - Time at which family will enter and exit OR
- Comfort care medication plan
- Administration of heparin
- Timeframe between extubation and organ recovery
- Designated individual to observe patient, declare period of pulselessness and declare death
- Time at which recovery surgeons enter OR
- Plan if patient does not expire within timeframe for donation
- If this case is an NRP/TA-NRP recovery, discuss process and additional OR needs
- Any other goals, needs and expectations



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