Death Notification Registration - Version B – Abbreviated DDR

Local Death Notification (?)

Related Links
- Return to search ▸
- Return to list ▸
- View contact log ▸
- Attachment view log ▸

Doe, Jane DonorNet ID: ABC123

Summary | Registration

STATUS: INCOMPLETE

PROVIDER INFORMATION

OPO:* 123456 - ABCD - ABCD Organ Center

Donor hospital:* 123456 - ABCD Organ Center

Date and time of pronouncement of death: * Date: [ ] Time: (military time)

How did you learn of this case?:* ◉ Donor hospital notification ○ Retrospective review

Date of hospital notification: *

Has consent been obtained for organ donation?: * Yes

Requested by: *

DEMOGRAPHICS

Last name:* Doe

First name:* Jane

ABO: * ◉ O ○ A ○ B ○ AB ○ A1 ○ A1B ○ A2 ○ A2B

DOB: * 05/27/1976

Age:* 29 Years

Gender:* ○ Male ○ Female

Eligibility status: * Eligible

Imminent neurological death: * No

Cause of death:* Other Specify

Specify:* Specify Here

Mechanism of death:* Blunt Injury

Circumstances of death:* Child Abuse

Ethnicity/race:* Cuban

PROCUREMENT AND CONSENT

Medical Examiner/Coroner accepted case?: * ○ yes ○ no

Medical Examiner/Coroner's decision: * ○ consented ○ refused consent

Was intent to be a donor documented?: * ○ yes ○ no ○ unknown

Mechanisms that apply:* ☐ Driver's license ☐ Donor card ☐ Donor registry ☐ Durable power of attorney/healthcare proxy ☐ Other, Specify Specify:*

Consent based only on documentation?:* ○ yes ○ no ○ unknown

Did the patient express to family or others the intent to be a donor?:* ○ yes ○ no ○ unknown

Date and time consent obtained for first organ:* Date: [ ] Time: (military time)

CLINICAL INFORMATION

Terminal lab data:

Serum Creatinine:*	[ ] mg/dl	ST=	
BUN:*	[ ] mg/dl	ST=	
SGOT/AST:*	[ ] u/L	ST=	
SGPT/ALT:*	[ ] u/L	ST=	

LIFESTYLE FACTORS

History of hypertension:* YES, 6-10 YEARS

If yes, method of control:*

Diet:	○ yes	○ no	○ unknown
Diuretics:	○ yes	○ no	○ unknown
Other hypertensive medication:	○ yes	○ no	○ unknown

Validate | Save