Imminent and Eligible Death Notification

Click on <u>OPTN/UNOS Policy on Data Submission Requirements</u> for additional information.

To correct information that is already displayed in an electronic record, call 1-800-978-4334.

The following data fields provide the information necessary to determine if a death notification will provide an eligible donor or an imminent neurological death.

Provider Information

OPO: The organ procurement organization (OPO) displays. Verify the OPO name and center code of the OPO responsible for the management of the donor and that the displayed OPO provider number is the 6-character Medicare identification number of the OPO.

Donor Hospital: The donor hospital displays. Verify the hospital name and the 6-character Medicare provider number of the hospital which originally referred the donor. A list of Medicare provider numbers for your state can be obtained in the Donor Hospitals section of DonorNet.

Has consent been obtained: This data will be populated from previously entered data.

Requested by: Select the name of the person requesting the addition or modification of data. This is an internal data field.

Time Zone: This data will be populated from previously entered data.
Is Daylight Savings Time observed: This data will be populated from previously entered data.

Status Determination

Eligibility status: This is a calculated field based on other data provided.

Imminent neurological death: this is a calculated field based on other data provided.

Ventilator support: Select **Yes** if the donor needed ventilator support. If the donor did not need ventilator support select **No**.

Severe neurological injury: Select **Yes** if the donor had severe neurological injury. If the donor did not have severe neurological injury select **No**.

GCS known: Select **Yes** if the GCS is known. If the GCS is not know select **No**.

Absence of brain stem reflexes: Select **Yes** if there is an absence of brain stem reflexes. If there is not an absence of brain stem reflexes select **No**. If **Yes**, indicate which reflexes are absent.

Corneal reflex

Doll's eyes reflex

Pupillary reaction

Response to painful stimuli

Cough reflex

Gag reflex

Response to iced caloric

Spontaneous breathing

Meningitis (active) – parasitic

Meningitis (active) – viral

Myeloma (multiple) – general

Multi-system organ failure – general

Perforated bowel – bacterial

Pneumonia (active) – viral

Previous malignant neoplasms with current evident metastatic disease – general

Rabies – viral

Retroviral infections – viral

SARS – viral

Strongyloides (active) – parasitic

Trypanosome cruzi (active) – parasitic

Tuberculosis – bacterial

Varicella zoster (active) – viral

West Nile virus infection – viral

The following data fields will be collected based on the determination of an eligible donor or an imminent neurological death.

Provider Information

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Donor Hospital: The donor hospital displays. Verify the hospital name and the 6-character Medicare provider number of the hospital which originally referred the donor. A list of Medicare provider numbers for your state can be obtained in the Donor Hospitals section of DonorNet.

Date and time of pronouncement of death (Complete for brain dead and DCD donors): Enter the date, using the standard 8-digit numeric format of MM/DD/YYYY, and time (military) of pronouncement of death of the donor.

How did you learn of this case: Select Donor hospital notification or Retrospective review to indicate how the case was identified.

Date of hospital notification: Enter the date of notification, using the standard 8-digit numeric format of MM/DD/YYYY, of notification.

Has consent been obtained for organ donation: This data will be populated from previously entered data.

Was consent requested: Select **Yes** if consent was requested. If consent was not requested select **No**.

Reason consent not requested: Select the reason consent was not requested.

Reason consent not obtained: Select the reason consent was not obtained.

Requested by: For OPTN use. Select the person at the institution making the request.

<u>Ethnicity/Race:</u> Select as appropriate to indicate the donor's ethnicity/race.

American Indian or Alaska Native: Select for donors who are of North, South, or Central American descent (e.g. **American Indian, Eskimo, Aleutian, Alaska Indian**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **American Indian or Alaska Native: Other**. If unknown, select **American Indian or Alaska Native: Not Specified/Unknown**.

Asian: Select for donors who are of Asian descent (e.g. **Asian Indian/Indian Sub-Continent, Chinese, Filipino, Japanese, Korean, Vietnamese**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Asian: Other**. If unknown, select **Asian: Not Specified/Unknown**.

Black or African American: Select for donors of African descent (e.g. **African American, African (Continental), West Indian, Haitian**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Black or African American: Other**. If unknown, select **Black or African American: Not Specified/Unknown**.

Hispanic/Latino: Select for donors who are of Central or South American descent (e.g. **Mexican, Puerto Rican (Mainland), Puerto Rican (Island), Cuban**). If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Hispanic/Latino: Other**. If unknown, select **Hispanic/Latino: Not Specified/Unknown**.

Native Hawaiian or Other Pacific Islander: Select for donors who are descendents of the **Native Hawaiian, Guamanian or Chamorro**, or **Samoan** peoples. If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **Native Hawaiian or Other Pacific Islander: Other**. If unknown, select **Native Hawaiian or Other Pacific Islander: Not Specified/Unknown**.

White: Select for donors who are of **European Descent, Arab or Middle Eastern** or **North African (non-Black)**. If the donor belongs to the primary category, but does not belong to any of the subcategories listed, select **White: Other**. If unknown, select **White: Not Specified/Unknown**.

Procurement and Consent

<u>Medical Examiner/Coroner accepted case:</u> Select **Yes** if the donor's death was accepted by the medical examiner/coroner. If the donor's death was not accepted by the medical examiner/coroner, select **No**.

<u>Medical Examiner/Coroner decision:</u> Select **Consented** if the medical examiner/coroner consented for organ donation. If the medical examiner/coroner did not consent for organ donation select **Refused Consent**.

<u>Was intent to be a donor documented:</u> Select **Yes** if the patient had written documentation of their intent to be a donor. If not, select **No**. If unknown, select **UNK**.

If yes, indicate mechanisms (check all that apply): If the patient had written documentation of their intent to be a donor, indicate whether the mechanism was a **Driver's License, Donor Card, Donor Registry** and/or **Durable Power of Attorney/Healthcare Proxy**. If the documentation used is not listed, enter the type of written documentation in the **Other Specify** field.

Consent based only on this documentation: If consent was based solely on this documentation, select **Yes**. If not, select **No**. If unknown, select **UNK**.

<u>Did the Patient express to family or others the intent to be a donor:</u> If the patient expressed to family or others the intent to be a donor, select **Yes**. If not, select **No**. If unknown, select **UNK**.

<u>Tests that confirmed neurological death:</u> Indicate the tests that confirmed neurological death (check all that apply):