

## Adding a Death Notification Registration (DNR)

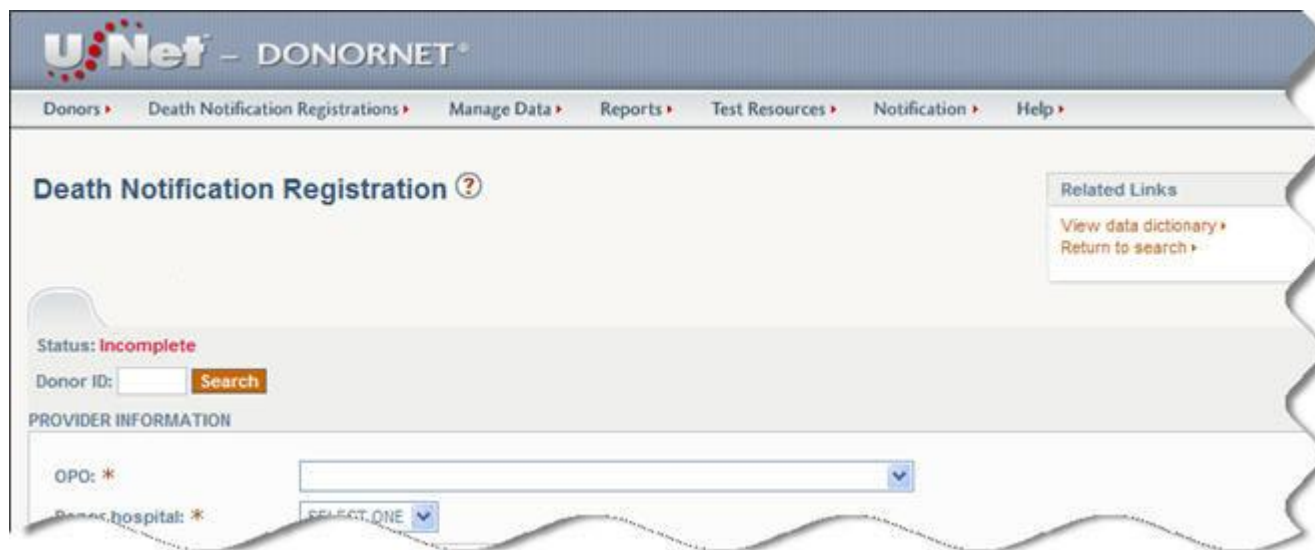
The purpose of the Death Notification Registration form is to collect demographic information regarding all imminent neurological and eligible deaths reported to an OPO.

To add a Death Notification Registration:

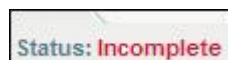
1. Select **Add** from the **Death Notification Registration** drop-down menu.



2. The Death Notification Registration page displays.



3. At the top of the page, the status displays. This field is read-only and displays **Incomplete**. It will only change to **Complete** once the record is successfully validated.



4. Below the status field is the **Donor ID** field. Enter the unique Donor ID and click **Search**. If it is a valid Donor ID, then the values for OPO, Donor Hospital, Date of Referral, Medical Examiner/Coroner, Last Name, First Name, Age, Patient's Home Zip Code, Ethnicity/Race, Cause of Death, Mechanism of Death, Circumstance of Death are copied from the **Deceased Donor Registration (DDR)** record to the **DNR** and will become read-only.

**Note:** If the status of the DDR is Validated or Expected, then the value of "How did you learn of this case?" will set to Donor hospital Notification.

**Note:** If the candidate is a referral only (no Donor ID), **all** fields will need to be completed.

5. Complete the remaining fields.
6. At the bottom of the form, there are two buttons:

The first button is the **Validate** button. When clicked, the validation will be performed on the entered data. It will also save the record. If any of the required fields are not completed correctly, a validation message explains what the data needs to be corrected.

The second button is the **Save** button. When clicked, the record will be saved but not validated.

## Provider Information

**OPO:** If this is a donor, the OPO from the donor record displays and is read-only. If this is a referral only, select the OPO from the drop-down list. This field is **required**.

**Donor hospital:** If this is a donor, the hospital from the donor record displays and is read-only. If this is a referral only, select the hospital from the drop-down list. This field is **required**.

**OPO record ID:** If this is a donor, the ID from the donor record displays and is read-only. If this is a referral only, enter the OPO record ID. This field is **required**.

**Recovery date (donor to OR):** If this is a donor, the date from the donor record displays and is read-only. This excluded referral-only donors (donor with a suspended Deceased Donor Registration (DDR) record).

**Date and time of pronouncement of death:** If this is a donor, the date and time from the donor record displays and is read-only. If this is a referral only, enter the date and time. A calendar link is available. If the **Referral Classification** is **Eligible** or the death was identified during a death record review, this field is **required**.

Format: MM/DD/YYYY and HH:MM

**Note:** Time should be in military format.

**Date of referral or death record review:** If this is a referral only, enter the date of the referral or death record review. This field is **required**.

Format: MM/DD/YYYY

**How did you learn of this case?:** Select **Donor hospital notification** or **Death record review**, from the drop-down list. **Donor hospital notification** initially displays. If applicable, change the selection to **Death record review**. This field is **required**.

**Did this referral meet your DSA definition of a timely referral?:** If this referral met your DSA definition of a timely referral, select **Yes**. If it did not, select **No**. This field is **required**.

**Referral Classification:** Select the classification of death: This field is **required**.

**Imminent Death:** A patient who is 70 years old or younger with severe neurological injury and requiring ventilator support who, upon clinical evaluation documented in the OPO record or donor hospital chart, has an absence of at least three brain stem reflexes but does not yet meet the OPTN definition of an eligible death, specifically that the patient has not yet been legally declared brain dead according to hospital policy. Persons with any condition which would exclude them from being reported as an eligible death would also be excluded from consideration for reporting as an imminent death. For the purposes of submitting data to the OPTN, the OPO shall apply the definition of imminent neurological death to a patient that meets the definition of imminent death at the time when the OPO certifies the final disposition of the organ donation referral.

Brain Stem Reflexes:

- Pupillary reaction
- Response to iced caloric

- Gag Reflex
- Cough Reflex
- Corneal Reflex
- Doll's eyes reflex
- Response to painful stimuli
- Spontaneous breathing

**Eligible Death:** a patient 70 years old or younger who ultimately is legally declared brain dead according to hospital policy independent of family decision regarding donation or availability of next-of-kin, independent of medical examiner or coroner involvement in the case, and independent of local acceptance criteria or transplant center practice, who exhibits none of the following:

Active infections (specific diagnoses) [Exclusions to the Definition of Eligible]:

Bacterial:

- Tuberculosis
- Gangrenous bowel or perforated bowel and/or intra-abdominal sepsis (See "sepsis" below under "General")

Viral:

- HIV infection by serologic or molecular detection
- Rabies
- Reactive Hepatitis B Surface Antigen
- Retroviral infections including HTLV I/II
- Viral Encephalitis or Meningitis
- Active Herpes simplex
- Varicella zoster, or cytomegalovirus viremia or pneumonia
- Acute Epstein Barr Virus (mononucleosis)
- West Nile Virus infection
- SARS

Fungal:

- Active infection with Cryptococcus
- Aspergillus
- Histoplasma
- Coccidioides
- Active candidemia or invasive yeast infection

Parasites:

- Active infection with Trypanosoma cruzi (Chagas'), Leishmania, Strongyloides, or Malaria (Plasmodium sp.)

Prion:

- Creutzfeldt-Jacob Disease

General [Exclusions to the Definition of Eligible]:

- Aplastic Anemia
- Agranulocytosis
- Extreme Immaturity (<500 grams or gestational age of <32 weeks)

- Current malignant neoplasms except non-melanoma skin cancers such as basal cell and squamous cell cancer and primary CNS tumors without evident metastatic disease
- Previous malignant neoplasms with current evident metastatic disease
- A history of melanoma
- Hematologic malignancies: Leukemia, Hodgkin's Disease, Lymphoma, Multiple Myeloma
- Multi-system organ failure (MSOF) due to overwhelming sepsis or MSOF without sepsis defined as 3 or more systems in simultaneous failure for a period of 24 hours or more without response to treatment or resuscitation
- Active Fungal, Parasitic, Viral, or Bacterial Meningitis or Encephalitis

**Has consent been obtained for organ donation?:** If consent was obtained, select **Yes**. If not, select **No** or **Consent Not Requested**. If the OPO did not request donation but the patient was designated as donor, select **Registry - yes**. This field is **required**.

**Did consent process meet your DSA definition of effective requesting?:** If **Yes**, **No**, or **Registry - yes** is selected for **Has consent been obtained**, and if consent processing met your DSA definition of effective requesting, select **Yes**. If consent processing did not meet your definition, select **No**. This field is **required**.

**Medical Examiner/Coroner:** If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select **Yes** if the donor's death was reported to the medical examiner/coroner. If the donor's death was not reported to the medical examiner/coroner, select **No**. If unknown, select **unknown**. If **Yes** is selected, indicate if the medical examiner/coroner gave or refused consent for organ donation. This field is **required**.

## Demographics

**Last name:** If this is a donor, the name from the donor record displays. This field is read-only. If this is a referral only, enter the last name using only alphanumeric characters. This field is **required**.

**First name:** If this is a donor, the name from the donor record displays. This field is read-only. If this is a referral only, enter the first name using only alphanumeric characters. This field is **required**.

**Gender:** If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, indicate if the donor is **Male** or **Female**. This field is **required**.

**Age:** If this is a donor, the age from the donor record displays. This field is read-only. If this is a referral only, enter the donor's age in months or years. This field is **required**.

**Age Units:** If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select whether the donor's age is in **Months** or **Years**. This field is **required**.

**Patient's Home Zipcode:** If this is a donor, the zip code from the donor record displays. This field is read-only. If this is a referral only, enter the patient's zip code using only numeric values.

**Ethnicity/Race:** If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select, as appropriate, to indicate the donor's ethnicity/race. This field is **required**.

**American Indian or Alaska Native:** Indicate if the donor is of North, South, or Central American descent.

Values: American Indian, Eskimo, Aleutian, Alaska Indian

**Note:** 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:** Indicate if the donor is of Asian descent.

Values: Asian Indian/Indian Sub-Continent, Chinese, Filipino, Japanese, Korean, Vietnamese

**Note:** 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:** Indicate if the donor is of African descent.

Values: African American, African (Continental), West Indian, Haitian

**Note:** 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:** Indicate if the donor is of Central or South American descent.

Values: Mexican, Puerto Rican (Mainland), Puerto Rican (Island), Cuban

**Note:** 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:** Indicate if the donor is of Pacific island descent.

Values: Native Hawaiian, Guamanian, Chamorro, Samoan

**Note:** 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:** Indicate if the donor is of European, Arab, Middle Eastern or North African descent.

Values: European, Arab, Middle Eastern, North African (non-Black)

**Note:** 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**.

**Cause of death:** If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select the cause from the drop-down list. If the cause is unknown, select **Unknown**. This field is **required**. If the cause is not listed, select **Other Specify**. Enter the cause in the space provided. If **Other Specify** is selected, this field is **required**.

Anoxia  
Cerebrovascular/Stroke  
Head Trauma  
CNS Tumor  
Unknown  
Other Specify

**Mechanism of death:** If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select the mechanism from the drop-down list. If the mechanism is not listed, select **None of the Above**. This field is **required**.

Drug Intoxication  
Cardiovascular  
Gunshot Wound  
Blunt Injury  
Intracranial Hemorrhage/Stroke  
Drowning  
Seizure  
Asphyxiation  
Electrical  
Stab  
SIDS

**Death from Natural Causes**

**None of the Above**

**Circumstances of death**: If this is a donor, the selection from the donor record displays. This field is read-only. If this is a referral only, select the circumstance from the drop-down list. If the circumstance is not listed, select **None of the Above**. This field is **required**.

**MVA**

**Suicide**

**Homicide**

**Child Abuse**

**Non-MVA**

**Death from Natural Causes**

**None of the Above**