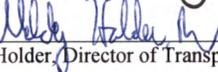


 <b>Methodist Dallas Medical Center</b>	<b>Title:</b> Pre-Transplant Verification and Organ Check-In	<b>Effective Date:</b> 06/08/2020
	<b>Section:</b> Liver, Kidney, Pancreas, Kidney-Pancreas	
<b>Approved by:</b>  Richard Dickerman, M.D., Surgical Director of Kidney Transplant Program		<b>Revision Date(s):</b> 03/21/2005; 01/12/2007; 09/24/2007; 06/28/2012; 06/16/2016; 10/08/2018; 02/04/2020; 06/08/2020; 06/2023
 Lori Kautzman, M.D., Executive Program Director, Organ Transplantation		
 Andrea Stegall, Specialty Coordinator Transplant Services		
 Melody Holder, Director of Transplant Clinical Operations		<b>Next review Date:</b> 06/2026

**Purpose:** To ensure the donor and recipient are compatible or intended incompatible and that the correct donor organ has been identified for the correct recipient, prior to transplantation.

**Policy:** Verification and documentation will be completed according to the hospital’s protocol and the OPTN (policy 5.8) requirements. Verification must be completed by the transplanting surgeon and another licensed health care professional. For the purposes of this policy, “licensed health care professional” is defined as a peri-operative Registered Nurse (RN). If donor-recipient compatibility cannot be verified, the transplant surgery will not proceed.

**Section I: Organ Check in (Deceased Donor)**

1. The on-call transplant coordinator will notify the Operating Room (OR) personnel of the acceptance of an organ offer and provide the following information for the Transplant Organ Receipt Log Book (Appendix A):
  - a. Expected organ and laterality (if applicable)
  - b. UNOS/Donor ID
  - c. Donor ABO
  - d. Recipient ABO
  - e. Intended recipient
  - f. Medical record number (MHD#)
2. Upon organ arrival to the transplant hospital, prior to opening of the external transport container, OR staff will document the following in the Transplant Organ Receipt Log Book:
  - a. Date and time organ received
  - b. Name of person delivering the organ
  - c. Name of person receiving the organ
  - d. Package integrity
  - e. Label on external transport container is present and legible
  - f. Correct organ is delivered - donor ID and organ type and laterality is verified using the OPTN external label
  - g. Disposition of organs: implanted/returned/discarded (to be completed after the case)

If the label conflicts with expected information, the OR staff will notify the transplant coordinator on-call who will then notify the OPO within one hour of notification of the discrepancy to determine a course of action.

3. Donor blood sample and other tissue (lymph nodes, spleen etc) will be removed from the transplant container and sent to the blood bank/lab for ABO confirmation and/or crossmatching. For liver transplant, once donor ABO is confirmed, this is documented in the "Recipient/Donor Compatibility Assessment Form" (Appendix B) and the form is sent to the OR. For kidney transplant, the confirmed ABO results are documented in the HLA Crossmatch Report (generated in EMR) and sent to the transplant floor.

In the event that a blood sample or tissue is not sent/not appropriately labeled/not viable, the transplant coordinator will be notified. The coordinator will then contact the host OPO within an hour of notification to determine a course of action. This could include an affidavit or additional source documentation to resolve the discrepancy.

In the event that the surgery has began and cannot be aborted (as determined by the surgeon), acceptable source documentation for donor blood type verification is the documentation that arrives with the organ.

Before the patient is taken back to the OR:

1. The surgeon completes the "Transplant Surgery Match Run Verification Form" (Appendix C) using the UNOS Match Run and Pre-Recovery/Pre-Transplant Verification as source documents
2. The peri-operative RN verifies that the form has been completed accurately

## **Section II: Pre-Transplant Verification Prior to Organ Receipt in the Operating Room**

If the recipient case begins prior to organ arrival in the room, pre-transplant verification must be conducted that meets all of the following requirements:

1. Two licensed healthcare professionals will perform the verification
2. The intended recipient will be present in the OR
3. The verification will occur either:
  - a. **Prior to induction of general anesthesia**, or
  - b. Prior to incision if the patient has been receiving continuous sedation prior to arrival in the operating room

The verification will be documented on the Transplant Data Sheet (Appendix D&E) and will include the following:

1. Expected donor ID (using OPTN computer system)
2. Expected organ and laterality, if applicable (using OPTN Computer System)
3. Expected donor blood type and subtype if used for allocation (using OPTN Computer System)
4. Recipient blood type (using OPTN Computer System)
5. Expected donor and recipient are blood type compatible or intended incompatible (using OPTN Computer System)
6. Recipient unique identifier- medical record number (using recipient identification band)

### **Section III: Pre-Transplant Verification After Organ Receipt in the Operating Room**

The verification will occur after the organ arrives in the OR with the intended recipient present in the OR **prior to anastomosis of the first organ**

1. The peri-operative RN will document the time the organ is received in the OR and the time of verification. The peri-operative RN will verify that the donor ID and donor blood type are identical on the external organ package label, donor chart from the OPO, and the UNOS Match Run and Pre-Recovery/Pre-Transplant Verification. In the case of a living donor recipient, these elements will be verified against the HLA Crossmatch Report and the Living Donor Feedback Form

The verification will be documented on the Transplant Data Sheet (Appendix D&E) and will include the following:

2. The peri-operative RN will verify the following with the Transplant Surgeon:
  - a. The donor ID will be verified using the documentation with the organ
  - b. Organ and laterality (if applicable) will be verified by checking the organ received
  - c. Donor blood type and subtype (if used for allocation) will be verified using donor blood type and subtype source documents
  - d. Recipient unique identifier will be verified using the medical record number on the recipient identification band
  - e. Recipient blood type will be verified using the recipient medical record
  - f. Compatibility or intended incompatibility of the donor-recipient pair will be verified using the OPTN computer system.
  - g. Verification that the correct donor organ has been identified for the correct recipient will be completed using the OPTN computer system
3. If the signature of the Transplant Surgeon cannot be obtained at the time of verification because the surgical case is in process, the peri-operative RN will document on the Transplant Data Sheet the time of the surgeon's visual verification. Surgeon Signature, date, and time will be obtained at the end of the case.
4. A separate date, time, and signature is required from each individual participating in the pre-transplant verification. The date/time of the surgeon's signature may be different from the date/time of verification if visual verification occurred while surgeon was scrubbed.

Reference: United Network for Organ Sharing Policy 5.8 Pre-Transplant Verification