

## POST BRAIN DEATH PHYSICIAN'S ORDERS / ADULT ORGAN DONORS

Transfer patient billing to CORE with

Date \_\_\_\_\_ Time \_\_\_\_\_

Instructions: Strike through any unwanted orders and check vasopressors.

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1. Notify ICU attending MD, social service, pastoral care and C.O.R.E.
  2. Consult ICU Physician for arterial and central venous line placements
  3. Vital Signs & Monitoring Per ICU Standard
  4. Monitor urine output and urinary specific gravity hourly
  5. NG to low continuous suction
  6. Lubricate eyes q 2 hours and tape eyes closed if necessary
  7. Maintain HOB 30 degrees
  8. Convective Air Warming Blanket. Warm and maintain 36-37 degrees C
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9. Labs: Obtain the following laboratory tests STAT: electrolytes, Mg+, PO4, glucose, hematocrit, platelet count, pro-time and ABG's
    - Microbiology:
      - Bronch brush for (if lung donor): Gram stain, Fungus culture x 1
      - Blood Culture aerobic and anaerobic x 2
      - UA and urine culture x 1
      - CXR q 24 hours
  10. Monitor: Na+, K+, hematocrit, Mg, Ca, PO4, PT/INR/PTT, ALT/AST, BUN/Cr, and glucose per CORE request.
  11. ABG 30 minutes after every ventilator adjustment
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### 12. Maintenance Fluids:

- Na+ <150: D5W/0.45% saline + KCL 30 mEq/L @ 125 ml/hour
- Na+ <150: D5W/0.2% saline + KCL 30 mEq/L @ 125 ml/hour

No added KCl if K+ > 5 mEq/L

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### D. Hourly Urinary Replacement Fluid:

- Replace all urine output in excess of 250 ml/hour with 0.2% NaCl with added KCL 10 mEq/L
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### E. Free Water Replacement every 4 hours prn with IV 5% dextrose

- Na+ 150-155 mEq/L: 500 ml infuse over 2 hours
  - Na+ 156-160 mEq/L: 1000 ml infuse over 2 hours
  - Na+ 161-165 mEq/L: 1500 ml infuse over 2 hours
  - Na+ 166-170 mEq/L: 2000 ml infuse over 2 hours
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### 15. Fluids Bolus Therapy with Ringer's Lactate for low UOP and/or decreased blood pressure

- CVP < 5 mmHg: 1000 ml IV bolus q 1 hour prn
- CVP 5-10 mmHg: 500 ml IV bolus q 1 hour prn

Maximum bolus volume 5 liters

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### 16. Electrolyte Replacement

- Ca < 1.1 mmol/L: 10 mL 10% soln Calcium Gluconate IVP
  - K + 2.5-3.0 mEq/L – KCL 20 mEq/hour IV x 2
  - K + 3.1-3.5 Meq/L – KCL 10 mEq/hour IV x 1
  - K + 3.6-4.0 mEq/L – KCL 10 mEq/hour x 1
  - Mg+ < 2.0 mEq/L – Magnesium sulphate 6 grams IV over 4 hours
  - PO4 < 1.5 mEq/L – KPO4 mMoles IV over 4 hours
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17. Transfusions

- HCT 20-25%
  - Transfuse 2 units packed red cells
- Platelet count < 50 K
  - Transfuse 8 units pooled platelets
- Pro-time > 18 seconds
  - Transfuse 4 units FFP

18. Medications

Continue any antibiotics

- Discontinue Dilantin, sedatives, barbiturates & neuromuscular blockers
- Continue all previously ordered antibiotics
- DDAVP 2 mcg IV q 8 hours prn hourly urine output > 500 cc/hour or > 250 cc/hour for 2 consecutive hours with urinary SG < 1.005

19. Respiratory Care

- Continue Ventilator at current settings
- Percuss and vibrate bed module q 2°
- Albuterol 2.5 mg q 4° nebulized
- Keep O<sub>2</sub> Sat > 95%
- Vent adjustments per CORE request

20. Vasopressors (check): Titrate to MAP 60-65 mmHg

- Dopamine drip @ 5 mcg/kg/min
  - Max dose = 20mcg/kg/min
- Norepinephrine drip @ 0.1 mcg/kg/min
  - Max dose = 0.5 mcg/kg/min
- Aqueous vasopressin drip @ 0.04 units/min

F. Hormone Replacement Therapy

- Insulin SS
  - Regular Insulin subcutaneous based on blood sugar
    - Less than 70 Hypoglycemia Protocol
    - 70-130 0 unit
    - 131-180 2 units
    - 181-240 4 units
    - 241-300 6 units
    - 301-350 8 units
    - 351-400 10 units
    - Greater than 400 12 units and call MD
- Levothyroxine 200 mcg/500 ml D5 @ 10 mcg/hr
- Hydrocortisone 50 mg IV q 8°

Notes

22. Physician Notifications

- Sustained MAP < 60 mm Hg
- Urine output < 50 ml/hour
- Arterial Saturation < 90%
- HCT < 20%
- Glucose > 400 mg%
- Ringers Lactate bolus volume = 5 liters
- HR < 45 or > 120
- Core Temp < 32 degrees C
- pH < 7.35 or > 7.45
- K+ < 2.5 or > 5.5 mEq/L
- Na+ > 170 mEq/L

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MD Signature \_\_\_\_\_ Pager \_\_\_\_\_  
 MD Name (print) \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_

**\*\*\*This is an order set in Merlin.**