

Routine Notification Worksheet (Call Screen Connect)

Trillium Gift of Life Network (TGLN)

Call TGLN at 1-877-363-8456 or 416-363-4438.

Ventilated Units call for **all patients** regardless of age **Non Ventilated Units** call for patients **79 yrs. and under only**

<p style="text-align: center;">Complete prior to calling & have the patient chart available</p> <p>1. Unit Telephone #: _____ Unit Fax #: _____</p> <p>2. Name of patient: _____</p> <p>3. Date of Birth: DD ____ MM ____ YY ____</p> <p>4. Gender: Female ____ Male ____</p> <p>5. Hospital Record Number (MRN): _____</p> <p>6. Ontario Health Number: _____ Version Code: _____</p> <p>7. Is the patient ventilated? Yes ____ No ____ (If yes, the call will be transferred to a Coordinator to assess for organ donation potential)</p> <p style="text-align: center;">TGLN number: Document in patient's chart</p> <p>8. Date/Time of Death: DD ____ MM ____ YY ____ HH ____</p> <p>9. Clinical history - Use the sidebar on the right to indicate a positive history of any of the conditions listed or <input type="checkbox"/> no history known.</p> <p>10. Suspected cause of death (e.g. CVA): _____</p> <p>11. Mechanism of death (e.g. MVC): _____</p> <p>12. Date of Entry/Admission to hospital: DD ____ MM ____ YY ____ HH ____</p> <p>13. Intubation Date & Time (if applicable): DD ____ MM ____ YY ____ HH ____</p> <p>14. Extubation Date & Time (if applicable): DD ____ MM ____ YY ____ HH ____</p> <p>15. NOK Name: _____ Relationship: _____</p> <p>Cell #: _____ Home #: _____</p> <p>Other #: _____</p>	<p>Eligibility assessed on a case-by-case basis</p> <p>Note any of the following:</p> <p><input type="checkbox"/> HIV</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> MRSA (current)</p> <p><input type="checkbox"/> VRE (current)</p> <p><input type="checkbox"/> C. Diff (current)</p> <p><input type="checkbox"/> ESBL</p> <p><input type="checkbox"/> CJD (Mad cow)</p> <p><input type="checkbox"/> Rabies</p> <p><input type="checkbox"/> TB</p> <p><input type="checkbox"/> Alzheimer's</p> <p><input type="checkbox"/> Parkinson's</p> <p><input type="checkbox"/> ALS</p> <p><input type="checkbox"/> MS</p> <p><input type="checkbox"/> Leukemia</p> <p><input type="checkbox"/> Lymphoma</p> <p><input type="checkbox"/> Documented Sepsis</p> <p><input type="checkbox"/> Isolation precautions</p>
<p>After conversation with TGLN the patient is:</p> <p><input type="checkbox"/> Ventilated Patient – Please see reverse</p> <p><input type="checkbox"/> Not Eligible for Organ or Tissue Donation – no further call required</p> <p><input type="checkbox"/> Eligible for Tissue Donation – call back required at time of death</p> <p><input type="checkbox"/> Eligible for Tissue Donation HOLD THE BODY form faxed to: _____</p>	

Call Initiated by: _____ RN, RPN, RN (EC), RT, or MD
Print name/Signature

**TGLN was notified after this patient met the GIFT criteria
as a potential organ donor (for ventilated patients only)**

This patient is:

- NOT** a candidate for organ donation. Please contact TGLN at the time of death to further screen for potential tissue donation (eyes, skin, bones and heart valves).
- NOT** a candidate for organ donation unless the patient becomes declarable. Please contact TGLN if the patient's neurological status changes (i.e. loss of reflexes).
- A **POTENTIAL** candidate for **organ donation**. Thank you for **not** discussing donation with the family.

Please contact TGLN:

- **Prior to the physician discussing withdrawal of life support with the family or if withdrawal of life support is to take place**
- **The physician order is DNR or not to escalate care**
- **The patient becomes hemodynamically unstable**
- **Brain death (NDD) testing is anticipated or planned**
- **If the family brings up donation**

The following recommendations are proposed to help maintain the opportunity for organ donation:

- Maintain a systolic blood pressure greater than or equal to 100 mm Hg with fluids and inotropes as required
- Maintain an O₂ saturation greater than or equal to 95% (unless contraindicated)
- Monitor and replace urine output with crystalloids
- Monitor and treat electrolyte imbalances
- Treat diabetes insipidus as per hospital protocol
- Other

Language to Connect families with TGLN (for reference only)

Possibility 1 – Guide Family through End-of-Life

When families ask "What do we do now?"

"One of the next steps for families is to speak with a Coordinator to help with some of the decisions that you will be making. We can arrange that now or in a little while, before you leave the hospital."

OR

Possibility 2 – Normalizing

"As part of end-of-life care and to help with some of the decisions that need to be made, we arrange for families to speak with a Coordinator on the phone. We can do that in a few minutes or before you leave the hospital."

When the family asks about organ and tissue donation:

"We'll be calling Trillium Gift of Life Network to determine if there is the opportunity to donate. They will be available to speak with you about donation".

Thank you for your notification. When appropriate, TGLN will speak with the family.