

MEDICAL CENTER OF LOUISIANA

Organizational-wide Policy Signature Sheet

MEDICAL ADMINISTRATION

POLICY NUMBER: 5011

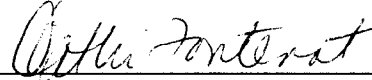
POLICY TITLE: Organ and Tissue Donation Program

EFFECTIVE DATE: April 26, 1984

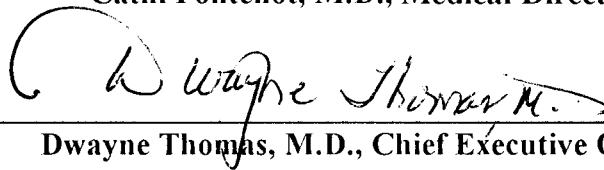
Date of Latest Review/Revision: February 23, 2004

INQUIRIES TO: Medical Director, Tel: (504) 903-3493

APPROVED:



Cathi Fontenot, M.D., Medical Director



Dwayne Thomas, M.D., Chief Executive Officer

REVIEW/REVISION

DATE:

February 1, 1988

October 25, 1990

October 9, 1991

April 20, 1993

February 10, 1995

August 29, 1995

November 15, 1999

October 30, 2001

New and/or revised information since last revision is underlined for easy reference.

ORGAN AND TISSUE DONATION PROGRAM

I. POLICY STATEMENT

It is the policy of the Medical Center of Louisiana (MCL) to comply with LA R.S. 17:2351, et seq., known as the Louisiana Anatomical Gift Act, 42 CFR Part 482.45 and the rules and regulations adopted by the Department of Health and Hospitals (DHH) which establish standards related to the procurement of anatomical gifts needed for transplant, therapy, research and educational purposes. **This policy applies to all deaths, including still births and anencephalic newborns, that occur within the Medical Center of Louisiana.**

II. DEFINITIONS

For the purpose of this policy, the following definitions shall apply:

Attending staff physicians - according to the MCL Medical Staff Bylaws, medical staff charged by the academic departments of the medical schools affiliated with the Medical Center of Louisiana to actively supervise clinical training of house staff physicians.

“Brain Death” - the absence of clinical brain function when the proximate cause is known and demonstrably irreversible.

Chief Resident - the administrative house staff physician in charge of house staff physicians within their respective department.

Death - according to LA R.S.9:111, a person will be considered dead if in the announced opinion of a physician, duly licensed in the state of Louisiana based on ordinary standards of approved medical practice, the person has experienced an irreversible cessation of spontaneous respiratory and circulatory functions. In the event that artificial means of support preclude a determination that these functions have ceased, a person will be considered dead if in the announced opinion of a physician, duly licensed in the state of Louisiana based upon ordinary standards of approved medical practice, the person has experienced an irreversible total cessation of brain function. Death will have occurred at the time when the relevant functions ceased. In any case when organs are to be used in a transplant, then an additional physician, duly licensed in the state of Louisiana **and** not a member of the transplant team, must make the pronouncement of death.

Designated requestor – according to 42 CFR 482.45, a designated requestor is an individual who has completed a course offered or approved by MCL’s Organ Procurement Organization (OPO) and designed in conjunction with the tissue and eye bank community in the methodology for approaching potential donor families and requesting organ or tissue donation.

Designated requestor – according to 42 CFR 482.45, a designated requestor is an individual who has completed a course offered or approved by MCL’s Organ Procurement Organization (OPO) and designed in conjunction with the tissue and eye bank community in the methodology for approaching potential donor families and requesting organ or tissue donation.

House staff physicians - according the MCL Medical Bylaws, interns, residents, and fellows assigned to MCL by the Louisiana State University Health Sciences Center (LSUHSC), Tulane University Health Sciences Center (TUHSC) and other medical schools affiliated with the Medical Center of Louisiana.

Physicians authorized to declare “brain death” (referred to as “authorized physicians” within this policy) – at the Medical Center of Louisiana, the declaration of “brain death” must be performed by an attending staff physician from one of the following clinical services:

- ❖ Emergency Medicine
- ❖ Critical Care Medicine
- ❖ Critical Care Surgery
- ❖ Neurology
- ❖ Neurosurgery or
- ❖ the designated chief resident from either the Neurology or Neurosurgery clinical service.

III. PURPOSE

The purpose of this policy is to:

- ❖ define the role of the Chief Executive Officer’s designated requestors in organ and tissue procurement activities
- ❖ define the criteria for assessing clinical “brain death”
- ❖ define the criteria for donor selection
- ❖ establish general procedures for organ and tissue procurement and billing for costs incurred during the process.

IV. PROVISION OF LAW

A. According to LA R.S. 17:2354.4:

"...When death occurs in a hospital, to a person determined to be a suitable candidate for organ or tissue donation based on acceptable medical standards, the hospital administrator or designated representative [requestor] shall request the appropriate person ... to consent to the gift of any part of the decedent's body as an anatomical gift."

The appropriate parties, according to LA R.S. 17: 2354.4, "... shall be requested to consent to a gift, in the order of priority stated:

1. the spouse, if one survives; if not
2. an adult son or daughter
3. either parent
4. an adult brother or sister
5. the curator [court-appointed representative] or tutor [legal guardian] of the person of the decedent at the time of death
6. any other person authorized or under obligation to dispose of the body."

The gift of a human organ for transplantation may be made by will and becomes effective at the death of the donor. The document of the gift may also consist of a properly executed donor card or be notated by a red heart on the front of the donor's drivers license as referenced in LA R.S. 32:410. However, even if a will, donor card or drivers license has been presented, consent from the appropriate party must still be obtained.

- B. According to 42 CFR Part 482.45(a), the Medical Center of Louisiana "must have and implement written protocols that:
- ❖ incorporate an agreement with an Organ Procurement Organization (OPO), ... under which it must notify, in a timely manner, the OPO ... of individuals whose death is imminent or who have died in the hospital. The OPO determines medical suitability for organ..., tissue and eye donation...
 - ❖ incorporate an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage and distribution of tissues and eyes ... insofar as such an agreement does not interfere with organ procurement.
 - ❖ ensure, in collaboration with the designated OPO, that the family of each potential donor is informed of its options to donate organs, tissues or eyes or to decline to donate. ...
 - ❖ encourage discretion and sensitivity with respect to circumstances, views, and beliefs of the families of potential donors
 - ❖ ensure that the hospital works cooperatively with the designated OPO ... in educating staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes take place."

The Louisiana Organ Procurement Agency (LOPA) is the authorized organ and tissue OPO for the Medical Center of Louisiana.

The Southern Eye Bank is the authorized eye bank for the Medical Center of Louisiana. It is the responsibility of LOPA to contact the Southern Eye Bank.

V. GENERAL GUIDELINES

A. Designated Requestor(s) for Potential Tissue, Eye and Organ Donors

The Chief Executive Officer (CEO) delegates the authority and responsibility for making the request for consent of tissue, eye and organ donation to the Louisiana Organ Procurement Agency (LOPA).

PLEASE NOTE: Approaching family members for donation of any type prior to the death of the patient is strictly prohibited.

B. The Referral Process

All deaths occurring within MCL must be reported by the RN Manager or their designee to LOPA by calling 1-800-833-3666. A LOPA representative is available 24 hours a day, 7 days per week.

Organ Referrals

The RN Manager or their designee shall refer the following situations to LOPA for evaluation of potential organ donation:

- ❖ all potential “brain deaths”
- ❖ patients whose death is imminent, defined as mechanically ventilated patients with a Glasgow Coma Scale score of 5 or less due to a central nervous system disorder.

Following referral and evaluation, a LOPA representative shall be dispatched to the Medical Center of Louisiana to offer the option of organ donation to family members of patients who meet organ donor criteria. A joint approach consisting of an MCL nurse and/or physician and a LOPA representative is the preferred method of approach. If the attending staff physician is not present when the family members are approached, the attending staff physician must be notified that the approach will occur. **Inclusion of a LOPA representative in the discussion with the patient’s family members is required by the procedures outlined within this policy.** The potential organ donor must be maintained on mechanical and chemical support while suitability is being determined for donation.

Tissue Referrals

The RN Manager or their designee shall refer all deaths to LOPA for evaluation of potential tissue and/or eye donations. If the potential donor is deemed suitable for donation, a LOPA representative shall request for consent of tissue and eye donation via telephone approach. If the potential donor is deemed unsuitable for donation, this must be documented on the Consent for Donation of Anatomical Gift form (See Exhibit I). This documentation must include who, at the organ or tissue bank, screened the patient and the reason why the patient was not a suitable candidate.

C. Discussing Consent with Family Members

1. Organ Donation

When a patient who has been determined by LOPA to be a suitable candidate for organ donation experiences “brain death”, a LOPA representative shall request consent for organ donation from the highest priority party as outlined in Section IV. A of this policy. Consent or refusal to consent shall be obtained only from the party in the highest priority class available after reasonable efforts have been made to contact a party in a higher priority class. Reasonable efforts to locate a party from a higher priority class must be documented by the designated requestor in the patient’s medical record.

2. Tissue and Eye Donation

When the LOPA evaluation has been completed and a potential tissue and/or eye donor has been identified, a LOPA representative shall offer the option of tissue and/or eye donation via telephone approach to the highest priority party as outlined in Section IV. A of this policy. Consent or refusal to consent shall be obtained only from the party in the highest priority class available after reasonable efforts have been made to contact a party in a higher priority class. Reasonable efforts to locate a party from a higher priority class must be documented by the designated requestor in the patient’s medical record.

If consent has been obtained, a LOPA representative shall evaluate the patient’s social and medical history with the patient’s family members and, if appropriate, shall dispatch a tissue recovery team. Once the family is approached, a Consent for Donation of Anatomical Gift form (See Exhibit I) must be completed indicating consent or refusal to consent for donation.

3. Obtaining Consent

Reasonable efforts shall be made by the designated requestor to locate the patient's next-of-kin to request and obtain written consent. Efforts shall include:

- ❖ face to face contact as a first attempt
- ❖ telephone contact as a second attempt
- ❖ any other effort suitable to logistical and medical consideration as a third attempt.

“Reasonableness” shall be determined within the time frames relevant to the retrieval and transportation of the organ(s), tissue(s) and/or eye(s) to be donated. When the designated requestor has exhausted reasonable efforts within the time frames available for useful retrieval of anatomical gifts and has not obtained written consent via the Consent for Donation of Anatomical Gift form (See Exhibit

I), the designated requestor shall complete a Consent for Donation of Anatomical Gift form (See Exhibit I) and indicate the inability to obtain written consent.

D. Documentation of Consent for Organ, Tissue and/or Eye Donation

Upon the death of any MCL patient, the designated requestor must complete Sections I and II of the Consent for Donation of Anatomical Gift form (See Exhibit I). **The LOPA representative(s) is the designated requestor for organ, tissue and eye donation requests.**

If a patient's family members are approached by the designated requestor and refuse to consent to organ, tissue and/or eye donation, a signature from the patient's family member is required in Section III of the Consent for Donation of Anatomical Gift form (See Exhibit I) documenting refusal to consent. If the patient's family member refuses to sign the Consent for Donation of Anatomical Gift form (See Exhibit I), two (2) witnesses to the refusal to consent must document that the family member declined the option of donation via their signatures in Section III of the copy of the Consent for Donation of Anatomical Gift form (See Exhibit I).

If a patient's family members are approached by a designated requestor and consent to organ, tissue and/or eye donation, the designated requestor must complete Sections III and IV of the Consent for Donation of Anatomical Gift form (See Exhibit I).

Upon completion, the Consent for Donation of Anatomical Gift form (See Exhibit I) shall be placed, intact, within the patient's medical record.

E. Donor Selection

When a physician and/or nursing staff caring for a patient becomes should be aware of a developing donor situation, this information shall be brought to the attention of the attending staff physician and/or chief resident for their confirmation. If, after the initial LOPA evaluation, the patient does not meet the criteria to be a potential donor, the designated requestor must complete the Consent for Donation of Anatomical Gift form (See Exhibit I) to reflect this.

F. Declaring “Brain Death”

The criteria for declaring a patient “brain dead,” which must be adhered to at all times, is outlined in Attachment II - Criteria for Assessing and Determining “Brain Death” of Adult Patients (Ages 18 years and older) **and** Attachment III - Criteria for Assessing and the Determination of “Brain Death” in Children (Ages 17 years and younger).

The time and date of death shall be determined by an authorized physician making the first declaration of “brain death” and, if organs are to be removed for transplantation, must be confirmed by another physician, duly licensed in the state of Louisiana and not a member of the transplant team. The patient’s time of death is at the date and time of the first “brain death” declaration and not at the time of circulatory cessation. **In no case may the physician who pronounces death be a part of the transplant team.**

G. Procedure for Handling Suitable Candidate Organ, Tissue and/or Eye Donor Cases

To admit a patient to the Organ Donation Service (ODS), the following procedures shall apply to pronounce the patient's death and/or to declare the “brain death” of the patient:

1. The clinical service responsible for the patient shall consult with one of the authorized physicians designated to declare “brain death” (See Section II. Definitions of this policy) to determine if the patient meets the criteria for "brain death". The consultation shall be recorded within the patient's medical record.
2. The patient shall be further evaluated by LOPA to determine if he/she meets the criteria for organ, tissue and/or eye donation and, if so, ensure that adequate blood pressure, ventilation and urinary output are maintained. Consent from the appropriate party must be obtained by the designated requestor and the Consent for Donation of Anatomical Gift form (See Exhibit I) shall be annotated appropriately.

3. If an authorized physician declares a patient “brain dead”, the time of the declaration shall be considered the legal time of death and documented in Section 2B of the Certificate of Death form (See Exhibit II) by the authorized physician who made the declaration.
4. If an authorized physician declares the patient “brain dead” and the patient is deemed by LOPA not to be a suitable candidate for organ, tissue and/or eye donation, the attending clinical service shall then discontinue mechanical and chemical support. The physician from the attending clinical service shall also notify the Orleans Parish Coroner's office if the patient meets the criteria for a Coroner’s case.
5. If the patient is a suitable candidate for organ, tissue and/or eye donation and the authorized physician has determined that the patient meets or will meet the criteria for “brain death”, the RN Manager or their designee shall notify LOPA. Once the patient has been declared “brain dead,” the patient’s family may be given up to 24 hours to make a decision regarding donation. During the 24 hour period of the family’s decision making, management of the potential organ donor remains the responsibility of the attending staff physician caring for the patient.
6. When an authorized physician has declared a patient “brain dead”, the authorized physician shall note the date and time within the patient's medical record and on the Consent for Donation of Anatomical Gift form (See Exhibit I).

All death documents must be completed at the time of declaration of “brain death” including the Certificate of Death form (See Exhibit II). Please refer to MCL Policy 5009 - Patient Death Notification for complete details.

7. Once LOPA has accepted the donor, a discharge by reason of death should be sent to the Department of Registration/Admit along with a request to admit the potential donor to an appropriate, available intensive care bed within MCL unless the patient is already in an intensive care area appropriate for maintaining organ systems.

If the patient dies in the Emergency Department, the patient shall be admitted to an appropriate, available intensive care bed within MCL. The potential donor shall be maintained on mechanical and chemical support systems in the emergency area awaiting arrival of the transplant team if an appropriate intensive care bed is not available within MCL. If the patient dies in an inpatient area

where intensive care and life support for viability of organs can be maintained, the admission should be to the Operating Pavilion and as a "boarder" in an intensive care bed with a

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transfer to the Operating Pavilion when appropriate. (See Section VI of this policy for the Department of Registration/Admit procedures.)

The designated requestor should request that the potential donor be assigned a new patient account number from the Department of Registration/Admit. This will assure a separate accounting of charges for patient care services related to organ donation services which shall be billed to LOPA.

8. LOPA shall follow the procedures outlined below:
 - ❖ act as a consultant for maintaining organ, tissue and/or eye availability
 - ❖ record all actions taken after appropriate "brain death" declaration and acceptance by the transplant team within the patient's medical record
 - ❖ recover the organ(s) in the operating room by scheduling the operating room as soon as possible when a candidate for organ, tissue and/or eye donation is identified.
9. The operating room staff shall provide, upon request, an operating suite and appropriate personnel as needed. Donor organ, tissue and/or eye removal shall be considered emergency surgery, and shall take precedence over all other procedures except those in which life or limb is endangered.

H. Coroner's Cases

Patients who meet the criteria of a Coroner's case as defined within LA R.S. 33:1563 can be potential organ, tissue and/or eye donors. It is the responsibility of the physician to notify the Orleans Parish Coroner of the death of the patient meeting the criteria for Coroner's cases. It is the responsibility of LOPA to contact the Orleans Parish Coroner to request clearance to proceed with the recovery of organs, tissues and/or eyes if the death of the patient meets the criteria for a Coroner's case.

The Orleans Parish Coroner may grant authorization for organ, tissue and/or eye removal on an unidentified body provided the Medical Center of Louisiana can ensure that reasonable efforts have been made to identify the deceased patient and locate a next-of-kin. Please refer to MCL Policy 5012 - Processing Patients with No Identification and Notifying Patient's Next-of-Kin for complete details regarding this procedure.

The law further provides that the Coroner's permission must be obtained prior to removal of any organ, tissue and/or eye for transplantation if the death meets the

criteria of a Coroner's case. LA R.S. 33:1563 sets forth those deaths which are considered a Coroner's case and states in pertinent part:

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"The Coroner shall either view the body or make an investigation into the cause and manner of death in all cases involving the following:

- ❖ suspicious, unexpected, or unusual deaths
- ❖ sudden or violent deaths
- ❖ deaths due to unknown or obscure causes or in any unusual manner
- ❖ bodies found dead
- ❖ deaths without an attending physician within thirty-six (36) hours prior to the hour of death
- ❖ deaths due to suspected suicide or homicide
- ❖ deaths in which poison is suspected
- ❖ any death from natural causes occurring in a hospital under twenty-four (24) hours admission unless seen by a physician in the last thirty-six (36) hours
- ❖ deaths following an injury or accident either old or recent
- ❖ deaths due to drowning, hanging, burns, electrocution, gunshot wounds, stabs or cutting, lightning, starvation, radiation, exposure, alcoholism, addiction, tetanus, strangulation, suffocation, or smothering
- ❖ deaths due to trauma from whatever cause
- ❖ deaths due to criminal means or by casualty
- ❖ deaths in prison or while serving a sentence
- ❖ deaths due to virulent contagious disease that might be caused by or cause a public hazard, including acquired immune deficiency syndrome. ..."

VI. REGISTRATION/ADMIT PROCEDURES FOR PATIENTS DESIGNATED AS ORGAN, TISSUE AND/OR EYE DONORS

Upon notification of the death of a patient and the acceptance of the patient to donor status by LOPA, the RN Manager or their designee shall inform the Department of Registration/Admit to discharge the patient and re-admit the patient using the same medical record number and a new patient account number. The guarantor for the patient's bill shall then become:

Louisiana Organ Procurement Agency (LOPA)
3501 N. Causeway Blvd., Suite 940
Metairie, Louisiana 70002-3626

Only those costs directly related to donor management and organ, tissue and/or eye recovery shall be reimbursed by LOPA. The bill shall be issued and mailed to LOPA within 20 days after discharge of the donor body.

**MEDICAL CENTER OF LOUISIANA
CRITERIA FOR ASSESSING AND DETERMINING “BRAIN DEATH”
OF ADULT PATIENTS (Ages 18 years and older)**

The declaration of “brain death” at the Medical Center of Louisiana must be performed by an attending staff physician from one of the following clinical services:

- ❖ Emergency Medicine
- ❖ Critical Care Medicine
- ❖ Critical Care Surgery
- ❖ Neurology
- ❖ Neurosurgery **or**
- ❖ the designated chief resident from either the Neurology or Neurosurgery clinical services.

If performed by a chief resident, this individual must fully review the circumstances with his/her attending staff physician. A second declaration of “brain death” must be made by another physician duly licensed in the state of Louisiana and not associated with the transplant team. Criteria used to confirm “brain death” must all be met at the time of the “brain death” evaluation and are as follows:

1. Cerebral Responsivity

No organized movement or posturing in response to pain. This does not include spinal reflexes, nor pathologic reflexes (Babinski, Hoffman).

It is imperative not to include cases in which the following conditions are considered potential etiologies for the absence of cerebral responsivity:

- ❖ severe hypothermia (temperature of less than 94.6 Fahrenheit or 34.7 Celsius)
- ❖ suspicion of poisoning, alcohol ingestion or knowledge of barbiturate induced coma or coma by a central nervous system (CNS) depressant drug
- ❖ severe metabolic imbalance.

2. Cephalic Reflexes

- ❖ fixed dilated pupils
- ❖ absence of oculocephalic reflexes
- ❖ absence of oculovestibular reflexes after cold caloric testing
- ❖ absence of corneal reflexes.

3. Respiration and Apnea

Prior to initiating the apnea test, the patient's PCO₂ should be determined to be within the normal limits. If the patient meets the above criteria, he/she should be tested for sustained apnea by the following methods:

- ❖ the patient should be ventilated for five minutes with the respirator at 100% oxygen. To ensure persistence of apnea, the patient should be removed from the mechanical ventilator for 5-10 minutes or until such time that a repeat arterial PCO₂ has a value of 60 mm HG or higher. During this period off the ventilator, the patient should receive 100% oxygen by either endotracheal tube or by mask.
- ❖ if the value is 60mm HG or higher and there is no spontaneous respiration then sustained apnea is present.

If there is doubt regarding the patient meeting the above criteria, confirmatory test(s) should be obtained. Cerebral blood flow scans or angiography may be used to clarify such criteria.

The above criteria were developed and approved in 1984 by a Medical Center of Louisiana ad hoc committee to establish "brain death" criteria. The ad hoc committee consisted of:
David G. Kline, M.D., Chairman
Earl Hackett, M.D.
Leon Weisberg, M.D.
John Willis, M.D.

The above criteria has been periodically reviewed by designated MCL attending staff physicians.

Approved: April 26, 1984
Revised: February 1, 1988
Reviewed: October 25, 1990
Revised: October 9, 1991
Revised: April 20, 1993
Revised: February 10, 1995
Revised: August 29, 1995
Revised: November 15, 1999
Revised: July 31, 2001
Revised: February 2004

**MEDICAL CENTER OF LOUISIANA
CRITERIA FOR ASSESSING AND THE DETERMINATION
OF “BRAIN DEATH” IN CHILDREN (Ages 17 years and younger)**

I. History

The critical initial assessment is the clinical history and examination. The most important factor is the determination of the proximate cause of coma to ensure absence of remediable or reversible conditions. Most difficulties with the determination of death on the basis of neurological criteria have resulted from overlooking this basic fact. Especially important are detection of toxic and metabolic disorders, sedative-hypnotic drugs, paralytic agents, hypothermia, hypotension, and surgically remediable conditions. The physical examination is necessary to determine the failure of brain function.

The declaration of “brain death” at the Medical Center of Louisiana in children, ages 17 years and younger, must be performed by a Pediatric Critical Care attending staff physician **or** by an attending staff physician from either the Neurology or Neurosurgery clinical services **or** the designated chief resident from the Neurology or Neurosurgery clinical services. If performed by a chief resident, this individual must fully review the circumstances with his/her attending staff physician. A second declaration of “brain death” must be made by another physician duly licensed in the state of Louisiana and not associated with the transplant team. The criteria listed below used to confirm “brain death” must all be met at the time of the “brain death” evaluation.

II. Physical Examination Criteria

1. Coma and apnea must coexist. The patient must exhibit complete loss of consciousness, vocalization, and volitional activity.
2. Absence of brainstem function as defined by:
 - ❖ mid position or fully dilated pupils which do not respond to light. Drugs may influence and invalidate pupillary assessment.
 - ❖ absence of spontaneous eye movements and those induced by oculocephalic and caloric (oculovestibular) testing.
 - ❖ absence of movement of bulbar musculature including facial and oropharyngeal muscles. The corneal, gag, cough, sucking, and rooting reflexes are absent.
 - ❖ respiratory movements are absent with the patient off the respirator. Apnea testing using standardized methods can be performed but is done after other criteria are met.

3. The patient must not be significantly hypothermic or hypotensive for age.
4. Flaccid tone and absence of spontaneous or induced movements, excluding spinal cord events such as reflex withdrawal or spinal myoclonus, should exist.
5. Examination findings should remain consistent with “brain death” throughout the observation and testing period.

Observation Periods According to Age

The recommended observation period depends on the age of the patient and the laboratory tests utilized.

7 days to 2 months: Two examinations and electroencephalograms (EEGs) separated by at least 48 hours is recommended.

2 months to 1 year: Two examinations and EEGs separated by at least 24 hours is recommended. A repeat examination and EEG are not necessary if a concomitant radionuclide angiographic (CRAG) study demonstrates no visualization of cerebral arteries.

Over 1 year: When an irreversible cause exists, laboratory testing is not required and an observation period of at least 12 hours is recommended. There are conditions, particularly hypoxicischemic encephalopathy, in which it is difficult to assess the extent and reversibility of brain damage. This is particularly true if the first examination is performed soon after the acute event. Therefore, in this situation, a more prolonged period of at least 24 hours of observation is recommended. The observation period may be reduced if the EEG demonstrates electrocerebral silence or the CRAG does not visualize cerebral arteries.

IV. Laboratory Testing

Electroencephalography to document electrocerebral silence should, if performed, be done over a 30-minute period using standardized techniques for “brain death” determinations. In small children it may not be possible to meet the standard requirement for 10-cm electrode separation. The interelectrode distance should be decreased proportional to the patient's head size. Drug concentrations should be insufficient to suppress EEG activity.

V. Angiography

A cerebral radionuclide angiogram (CRAG) confirms cerebral death by demonstrating the lack of visualization of the cerebral circulation. A technically satisfactory CRAG that

demonstrates arrest of carotid circulation at the base of the skull and absence of intracranial arterial circulation can be considered confirmatory of “brain death”, even though there may be some visualization of the intracranial venous sinuses. The value of this study in infants under 2 months is under investigation. Contrast angiography can document lack of effective blood flow to the brain.

These criteria were developed by a Task Force for the Determination of “Brain Death” in Children. The Task Force included official representatives from the American Academy of Neurology; American Academy of Pediatrics; American Bar Association; American Neurological Association; Child Neurology Society; and National Institute of Neurological, Communicative Diseases and Stroke. The members of the Task Force were:

- ❖ George J. Annas, JD
- ❖ Patrick F. Bray, MD
- ❖ Donald R. Bennett, MD
- ❖ Lester L. Lansky, MD
- ❖ Edwin C. Meyer, MD
- ❖ Karin Nelson, MD
- ❖ Russell C. Raphaely, MD
- ❖ Sanford Schneider, MD
- ❖ David A. Stumpf, MD
- ❖ Joseph J. Volpe, MD

Endorsed by the American Academy of Neurology, the American Academy of Pediatrics, Section on Neurology, the American Neurological Association, and the Child Neurology Society.

The Guidelines for the Determination of Brain Death in Children were originally published in *Annals of Neurology*, Vol. 22 No. 1, July 1987. Published by Little, Brown and Company, Boston, MA.

The above criteria has been periodically reviewed by designated MCL attending staff physicians.

Approval: February 1, 1988

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Revised: July 31, 2001

Revised: February 2004

CONSENT FOR DONATION OF ANATOMICAL GIFT

(Please use ball point pen, press firmly, and print in all capital letters)

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I. Please use 4 ltr LOPA code designation on back of this form

L	A		
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Other: _____

Nursing Unit: _____

Patient Name: (last name, first name) _____

Pt Record #: _____

Social Security Number: _____ Date of Birth: _____

Date of Death: _____ Time of Death: AM PM

Cause of Death: _____

Hospital Addressograph
(If out of hospital, state place of recovery)

Race: Cauc. Black Asian Pacific American Indian

II. Refer all deaths to the Donor Information Line: 1-800-833-3666:

Referral Number: _____

Screened for donation by: _____

Suitable for: Organ Eye Tissue No Donation

III. Consent Requested of Highest Available Next of Kin:

1. Spouse 4. Adult Brother or Sister
2. Adult Son or Daughter 5. Coroner
3. Parent 6. Curator or Tutor

Means of Contact
 Face to Face
 Telephone
 Elect. Media

Consent Declined for All Organs/Tissues:
If declined, next of kin signature: _____
(no further completion necessary if consent declined)

IV. I grant my consent for the surgical removal of organs and tissues from _____ for the purpose as indicated below:

Consent Requested/Given for: Transplant & Research Transplant Only

	Organ Donation		Consented	
	Requested		Requested	Consented
Kidneys	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Pancreas	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Heart	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Liver	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Lung	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Intestines	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Vertebral Bodies	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Ribs	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

	Tissue / Eye Donation			
	Requested		Consented	
Eyes / Cornea (circle one)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Heart Valves	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Bones of Lower Extremities and Soft Tissues*	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Bones of Upper Extremities	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Skin Grafts	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
Other, Specify _____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N

* may include ligaments, tendons, blood vessels, and fascia

I authorize any necessary diagnostic procedures; removal of blood, lymph nodes and spleen for serological testing and tissue typing purposes; and consent to release all copies of medical records and autopsy reports to the organ and tissue sharing agencies. I also authorize all donated organs and tissues to be allocated according to Louisiana State Law.

Signature: _____
Relationship: _____
Print Name: _____
Address: _____
City/SA/Zip: _____
Tel. Num: _____

Requestor: _____
Witness: _____
Witness: _____
Date & Time of Consent: _____

It is recommended that the person requesting consent not serve as a witness.

48061

Refer all deaths to the Donor Information Hotline:

1-800-833-3666

HOSPITAL	CODE	HOSPITAL	CODE	HOSPITAL	CODE
ABBEVILLE GENERAL	LAAY	HUEY P. LONG REG. MED. CTR.	LAHL	RIVER PARISHES HOSPITAL	LARP
ABROM KAPLAN MEM HOSP	LAAK	IBERIA GEN. HOSP & MED CTR	LAIG	RIVERLAND MEDICAL CENTER	LARL
ACADIA-ST LANDRY HCSP	LAAL	JACKSON PARISH HOSPITAL	LAJP	RIVERSIDE MEDICAL CENTER	LARH
ALLEN PARISH HOSPITAL	LAAP	JENNINGS AMERICAN LEGION HOSP	LAJN	RIVERWEST MEDICAL CENTER	LARW
AMERICAN LEGION HCSP	LAAM	KENNER REGIONAL MEDICAL CENTER	LASJ	SABINE MEDICAL CENTER	LABT
ASCENSION HOSP.	LAAH	LA SALLE GENERAL HOSPITAL	LASG	SAVOY MEDICAL CENTER	LASV
ASSUMPTION GEN. HOSP	LAAB	LADY OF THE SEA GEN. HOSP	LALS	SHRINERS HOSP FOR CRIPPLED CHILDREN	LASH
AVOYELLES HOSPITAL	LAHU	LAFAYETTE GEN. MED. CTR.	LALG	SLIDELL MEM. HOSP. & MED. CTR.	LASS
BATON ROUGE GEN MED CTR	LABR	LAGNIAPPE HOSPITAL CORP	LAGP	SPRINGHILL MEDICAL CENTER	LASH
BATON ROUGE HEALTH CENTER	LABH	LAKE CHARLES MEMORIAL	LALC	ST ANNE GENERAL HOSPITAL	LASA
BAYNE-JONES ARMY COM HOSP	LABJ	LAKELAND MEDICAL CENTER	LAHN	ST CHARLES GENERAL HOSPITAL	LASC
BEAUREGARD MEM HOSP	LABL	LAKESIDE HOSPITAL	LALK	ST CHARLES PARISH HOSPITAL	LACL
BOGALUSA COMMUNITY MED CTR	LABO	LAKEVIEW MEDICAL CENTER	LAMP	ST CLAUDE MEDICAL CENTER	LAUM
BUNKIE GENERAL HOSPITAL	LABG	LAKEWOOD HOSPITAL	LALH	ST. ELIZABETH HOSPITAL	LARV
BYRD MEMORIAL HOSPITAL	LABM	LALLIE KEMP REG. MED. CTR	LALP	ST FRANCIS MEDICAL CENTER-MONROE	LASF
CALDWELL MEMORIAL HOSP	LACW	LANE MEMORIAL HOSPITAL	LALM	ST. HELENA PARISH HOSPITAL	LASH
CHABERT MEDICAL CENTER	LASO	LINCOLN GENERAL HOSP , INC	LALN	ST. JAMES PARISH HOSPITAL	LAJA
CHALMETTE MEDICAL CENTER	LACM	LSU HEALTH SCIENCE CTR-SHV	LASU	ST. TAMMANY PARISH HOSPITAL	LAST
CHILDREN'S HOSP-NEW ORLEANS	LACH	MADISON PARISH HOSPITAL	LAMS	SUMMIT HOSP OF BATON ROUGE	LAMB
CHRISTUS COUSHATTA	LAMK	MEADOWCREST HOSPITAL	LAMC	TERREBONNE GENERAL MED. CTR.	LATG
CHRISTUS HIGHLAND HOSP	LAMH	MEDICAL CENTER OF LA-UNIVERSITY	LANO	THIBODAUX REGIONAL MED CNTR	LATH
CHRISTUS SCHUMPERT BOSSIER	LABC	MEDICAL CENTER OF LOUISIANA-CHARITY	LACN	TOURO INFIRMARY	LATI
CHRISTUS SCHUMPERT MED CNTR	LASM	MEDICAL CENTER OF SW LA	LAHA	TRI-WARD GENERAL HOSPITAL	LATW
CHRISTUS ST PATRICK	LASP	MEMORIAL MEDICAL CENTER-BAPTIST	LASB	TULANE UNIV. HOSP. & CLINIC	LATU
CHRISTUS/ST. FRANCES CABRINI HOSP.	L AFC	MEMORIAL MEDICAL CENTER-MERCY	LAMH	UNION GENERAL HOSPITAL	LAUG
CITIZENS MEDICAL CTR	LACZ	MINDEN MEDICAL CENTER	LAMI	UNIVERSITY MEDICAL CENTER, LAF	LAUN
DAUTRIEVE HOSPITAL	LADT	MOREHOUSE GENERAL HOSPITAL	LAMO	VETERANS ADMIN.-ALEXANDRIA	LAVA
DEQUINCY MEMORIAL HOSP.	LADO	NATCHITOCHE PARISH HOSPITAL	LAMP	VETERANS ADMIN.-NEW ORLEANS	LAVN
DESOTO GENERAL HOSP.	LADG	NORTH CADDO MEMORIAL HOSP.	LANC	VETERANS ADMIN.-SHREVEPORT	LAVS
DOCTORS HOSP.-JEFFERSON	LADH	NORTH MONROE HOSPITAL	LANM	VILLE PLATTE MEDICAL CENTER	LAMV
DOCTORS HOSP.-OPELOUSAS	LADO	NORTH OAKS REGIONAL MED. CTR.	LASV	WALTER OLIN MOSS REG. MED. CTR.	LAWO
DOCTORS HOSPITAL-SHREVEPORT	LAMD	NORTHSHORE REG. MED. CTR.	LANS	WASHINGTON-ST. TAMMANY REG.MED.CNTR	LAWS
E. A. CONWAY MEDICAL CTR	LAEA	OAKDALE COMMUNITY HOSPITAL	LAHO	WEST CALCASIEU-CAMERON HOSP.	LACC
EARL K. LONG HOSPITAL	LAEK	OCHSNER FOUNDATION HOSP.	LAOF	WEST CARROLL MEMORIAL	LAWM
EAST CARROLL PARISH HOSP.	LAEC	OPELOUSAS GENERAL HOSP.	LAOG	WEST FELICIANA PARISH HOSP.	LAWF
EAST JEFFERSON GEN. HOSP.	LAEJ	OUR LADY OF LOURDES RMC	LAOL	WEST JEFFERSON MED. CTR.	LAWJ
EUNICE REGIONAL MEDICAL CENTER	LAMM	OUR LADY OF THE LAKE REG. MED. CTR.	LALL	WILLIS KNIGHTON BOSSIER	LABW
FRANKLIN FOUNDATION HOSP.	LAMF	PENDLETON MEM. METHODIST HOSP.	LAPM	WILLIS KNIGHTON MED. CTR.	LAWK
FRANKLIN PARISH MED. CTR.	LAFP	PHYSICIANS SURGICAL SPEC HOSP	LACE	WILLIS KNIGHTON SOUTH	LAKS
GARY MEMORIAL HOSPITAL	LAGM	POINTE COUPEE GENERAL HOSP.	LAPC	WILLIS KNIGHTON-PIERREMONT	LAKP
GLENWOOD REGIONAL MED. CTR.	LAGR	PREVOST MEMORIAL HOSP.	LAPR	WINN PARISH MEDICAL CENTER	LAWW
HARDTNER MEDICAL CENTER	L AHD	RAPIDES REGIONAL MED. CTR.	LARG	WOMEN'S & CHILDREN'S HOSPITAL-LAF	LAWC
HOMER MEMORIAL HOSPITAL	LAHR	RICHARDSON MEDICAL CENTER	LARY	WOMENS AND CHILDRENS-L.C.	LAMC
HOOD MEMORIAL HOSPITAL	LAHM	RICHLAND PARISH HOSPITAL-DELHI	LARD	WOMANS HOSPITAL-BATON ROUGE	LAWH

If your hospital is not listed, please use LALT and write the name of your facility on the line provided.

The original goes in the patient's permanent medical record.

The second copy is sent to:

**Louisiana Organ Procurement Agency
 3501 N. Causeway Blvd., Suite 940
 Metairie, LA 70002-3626**

The third copy should be given to the family.

The fourth copy goes to the Eye Bank.

IMPORTANT:
PRINT or TYPE, black ink
or ribbon mandatory

723744

STATE OF LOUISIANA
CERTIFICATE OF DEATH

EXHIBIT II
Policy 5011
Page 1 of 1

BIRTH No. _____ FILE No. 117 _____

1A LAST NAME OF DECEDENT _____ 1B FIRST NAME _____ 1C MIDDLE NAME _____ 2A DATE OF DEATH (Month, Day, Year) _____

2B HOUR OF DEATH _____ 3 SEX _____ 4 RACE (Specify White, Black, etc.) _____ 5 MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) _____ 6 SURVIVING SPOUSE (If Wife, give Maiden Name) _____

7 DATE OF BIRTH (Month, Day, Year) _____ 8A AGE YEARS _____ 8B UNDER YEAR MONTHS _____ 8C UNDER DAY HOURS MINUTES _____ 9 BIRTHPLACE (City and State or Foreign Country) _____

10 USUAL OCCUPATION (Kind of work done during most of working life NEVER specify retired) _____ 11 KIND OF BUSINESS/INDUSTRY _____ 12 OF HISPANIC ORIGIN? _____

13 EVER IN U.S. ARMED FORCES? (YES or NO) _____ 14 SOCIAL SECURITY NUMBER _____ 15 DECEDENT'S EDUCATION (Specify Only "HIGHEST grade completed": ELEMENTARY, SECONDARY (10-12), COLLEGE (1-4, 5+)) _____

16A PLACE OF DEATH (Check ONLY one if death in NON-LISTED facility check OTHER and specify on line BELOW:
HOSPITAL INPATIENT ER/OUTPATIENT OOA NON-HOSPITAL NURSING HOME RESIDENCE OTHER

16B NAME OF FACILITY (If not in facility, give street address or location) _____ 16C PLACE OF DEATH IN CITY LIMITS? (YES or NO) _____

17A CITY, TOWN OR LOCATION OF DEATH _____ 17B PARISH OF DEATH _____

18A STREET ADDRESS (If rural specify rural route number or location) _____ 18B PARISH OF RESIDENCE _____ 18C STATE OF RESIDENCE _____

18D USUAL RESIDENCE OF DECEDENT (City, town or location) _____ 18E ZIP CODE _____ 18F RESIDENCE INSIDE CITY LIMITS? (YES or NO) _____

19A FATHER'S LAST NAME FIRST MIDDLE _____ 19B FATHER'S PLACE OF BIRTH _____ 19C STATE _____

20A MOTHER'S MAIDEN NAME FIRST MIDDLE _____ 20B MOTHER'S PLACE OF BIRTH _____ 20C STATE _____

21A TYPE OR PRINT NAME OF INFORMANT _____ 21B INFORMANT'S ADDRESS _____ 21C DATE (Month, Day, Year) _____

22A METHOD OF DISPOSITION
1 BURIAL 2 CREMATION 3 REMOVAL 4 OTHER _____ 22B DATE THEREOF (Month, Day, Year) _____ 22C NAME AND LOCATION OF CEMETERY OR CREMATORIUM _____

23A SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR _____ 23B FACILITY NUMBER _____ 23C LICENSE NUMBER _____
24 ALTERATIONS _____

25A BURIAL TRANSIT PERMIT _____ 25B PARISH OF ISSUE _____ 25C DATE OF ISSUE _____ 26 SIGNATURE OF LOCAL REGISTRAR _____

27 MANNER OF DEATH
1 NATURAL 2 ACCIDENT 3 SUICIDE 4 HOMICIDE 5 PENDING INVESTIGATION 6 UNDETERMINED

28A DATE OF INJURY (Month, Day, Year) _____ 28B TIME OF INJURY _____ 28C INJURY AT WORK (YES or NO) _____ 28D DESCRIBE HOW INJURY OCCURRED _____

28E PLACE OF INJURY (Specify at home, farm, factory, street, etc.) _____ 28F LOCATION (Street Number or Rural Route, City, Parish, State) _____

29A I CERTIFY THAT I ATTENDED THE DECEDENT FROM _____ TO _____ AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED _____ 29B SIGNATURE OF PHYSICIAN OR CORONER _____ 29C DATE (Month, Day, Year) _____

29D TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER _____ 29E ADDRESS OF PHYSICIAN OR CORONER _____

30 PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH _____

IMMEDIATE CAUSE (Final disease or condition resulting in death) _____ DUE TO OR AS A CONSEQUENCE OF: _____

Sequentially list conditions, if any, leading to immediate cause _____ DUE TO OR AS A CONSEQUENCE OF: _____

Enter UNDERLYING CAUSE (Disease or injury that incited events resulting in death) LAST _____ DUE TO OR AS A CONSEQUENCE OF: _____

31 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART 1: _____ 31 IF DECEASED WAS FEMALE 10-49 WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes No Unknown _____ 32A WAS AN AUTOPSY PERFORMED? Yes No _____ 32B WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No _____

Name of decedent for use by physician or institution