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Area	Trauma Surgical Critical Care
Applicability	Erlanger Health - Baroness

Potential Trauma Donor Patient PMG

Process Guideline Statement:

To ensure there is a standard process for caring for potential donor patients within the traumatically injured patient population.

Scope:

All Emergency, Intensive Care and Trauma Services personnel, trauma attending physicians, Trauma Surgeons, Surgery Residents

Procedure:

The following guideline is for management of traumatically injured potential organ donor patients who have not been declared brain dead:

A. All patients who meet clinical triggers for referral to Tennessee Donor Services (TDS) should receive a referral within one hour of presentation or of patient meeting clinical triggers.

B. If patients are deemed to have injuries that are non-survivable: The trauma service will provide support to help stabilize the patient for 24 hours while TDS is determining if patient has potential. Exceptions will be made by the trauma attending only and will be done on a case by case basis.

   a. Pressors will be initiated or continued, but additional hemodynamic support will not be added (unless medically indicated) until the family confirms to TDS that they are interested in donation.

   b. Blood products may be given, but this is up to trauma attending discretion.

   c. If after an end of life discussion, the patient's family decides to withdraw care, the team will maintain patient until TDS is notified of family's wishes to withdraw.

i. Team will allow TDS to approach family before withdrawing, but family approach must be done immediately if this is the case.

C. Gunshot wounds to the head presenting to the Trauma Bay:

1. If patient arrives with CPR ongoing, Extended Focused Assessment with Sonography (eFAST) will be performed. If no cardiac activity is observed, then the patient may be pronounced.
2. If an adequate cardiac window cannot be obtained on eFAST, then the patient should be pronounced after 5 minutes of CPR if the patient has confirmed pulselessness.
3. Caution observed in administering 6 units of PRBC and/or 6 units FFP for sole purpose of organ procurement, Platelets should bot be utilized on a routine basis for this patient type.

Approval Signatures

Step Description	Approver	Date
VP Approval	Jessica Holladay: VP & ACNO Surg & Trauma Svcs	03/2025
Trauma Services Committee Approval	Stephanie Spain: Trauma Prgm Mgr Adult	02/2025
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Applicability

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