Name of Policy:	**Organ Transplantation**
Policy Number:	3364-124-67
Department:	Nursing Service/Operating Room Transplant Program
Approving Officer:	Chief Nursing Officer (CNO) Director, Renal Transplant Program
Responsible Agent:	Chief Nursing Officer
Scope:	Operating Room (OR)

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 7/1/2024

Initial Effective Date: 2/1/2009

_____ New policy proposal
_____ Major revision of existing policy
__X__ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

(A) Policy Statement

OR staff and surgeon will verify Unified Network of Organ Sharing (UNOS) identification number and blood type of organ donor are correct for intended organ recipient.

(B) Purpose of Policy

To prevent complications which arise when transplanting organs which are not a compatible match for the recipient.

(C) Procedure

1. At the time a transplant procedure is scheduled, the Medical Doctor (MD) or his/her designee will provide the UNOS identification (ID) number of the donor, organ type and laterality. This UNOS number will be provided to the OR staff participating in the transplant procedure. If the donor is a living donor, the donor's name, patient medical record number (MRN) and UNOS number will be provided. Information will be documented in the -organ logbook at the OR front desk and within the EMR Organ check-in activity. At UTMC the donor identifier is the UNOS number. The recipient identifier is the Medical Record Number (MRN).

2. When a donor organ is received into the OR from an outside source, the charge RN receiving the organ will check the UNOS number, organ type and laterality on the organ packaging label prior to opening the external transport container. Or if the organ is on a pump, the charge RN will verify information from Organ Procurement Organization (OPO) personnel, on call organ offer team or courier service accompanying the organ, against the number provided for the recipient. The organ type and laterality will also be verified with the OPO personnel or on call organ offer team. If the UNOS number, organ type or laterality on the organ label does not match the information provided for the intended recipient, the charge RN will contact the OPO for clarification within one hour. The surgeon will also be notified.

3. If blood ABO-_Rh and tissue typing of donor organs must be performed by UTMC for organ transplantation, it will be done in a timely manner, according to the following guidelines:

    a. If directed by the Buckeye Transplant Coordinator or UTMC lab personnel, when the organ transplant courier delivers the donor organ to the OR, the charge RN will immediately notify UTMC laboratory tissue typing personnel for guidance.
    b. Recipient information is NOT to be labeled onto the tissue typing samples as the UNOS number is sufficient.
    c. UTMC laboratory tissue typing personnel will instruct the OR charge RN how and when to store/send the samples to the lab. This information will be documented in the organ logbook

at the OR front desk. As soon as lab results are obtained, lab personnel will report the results to the recipient's clinical portal medical record.

d. If the organ transplant is cancelled or postponed, the charge RN will notify the lab immediately. If the donor organ is transferred to another facility, the charge RN will notify the lab and the Buckeye Transplant Coordinator so that the remaining samples can be repackaged and sent with the donor organ. The transplanting surgeon will repackage the organ and the samples.

4. Prior to taking donor organ into the surgical suite, the OR staff member will confirm the UNOS number, organ and laterality is correct for the intended recipient. If the UNOS number or recipient name does not match the information given for the intended recipient, the charge RN will be notified, and discrepancies resolved prior to taking the organ into the surgical suite.

5. The RN circulator will obtain copies of the blood type of donor, blood type of recipient, and virtual crossmatch or final lymphocyte crossmatch results and have available for surgeon to review prior to the start of the transplant procedure.

6. Pre-Transplant Verification Prior to Organ Arrival in the Operating Room-If the recipient surgery will begin prior to organ receipt in the OR, the verification must occur:

   a. Once the intended recipient is present in the operating room
   b. Prior to induction of general anesthesia or prior to incision (if the patient has been receiving continuous sedation prior to arrival in the operating room). It is not current practice for a patient to receive continuous sedation prior to arrival in the operating room, however if the case presents, we will proceed according to this and OPTN policy.
   c. Surgeon and RN circulator will complete the Pre-Organ arrival verification with the EMR, attesting with their electronic signatures that they have reviewed the expected blood type of donor (subtype if used for allocation) and recipient, as well as expected UNOS number (donor ID), recipient identifier (MRN), expected organ and laterality (if applicable), expected donor and recipient are blood type compatible (or intended incompatible) and final lymphocyte crossmatch results using source documentation. Source documentation used will be according to OPTN Policy:

OPTN Policy 5.8A Pre-Transplant Verification Prior to Organ Receipt Requirements

The transplant hospital must verify all the following information:	**Using at least *one* of the following**	**By the following individuals:**
Expected donor ID	OPTN Computer System Recipient medical record	Two licensed health care professionals
Expected organ (and lung laterality if applicable)	OPTN Computer System Recipient medical record	Two licensed health care professionals
Expected donor blood type and subtype (if used for allocation)	Donor blood type and subtype source documents OPTN computer system	Two licensed health care professionals
Recipient unique identifier	Recipient Identification band	Two licensed health care professionals
Recipient blood type	OPTN computer system Recipient blood type and subtype source documents Recipient medical record	Two licensed health care professionals

Expected donor and recipient are blood type compatible (or intended incompatible).	OPTN computer system Recipient medical record Attestation following verification of donor and recipient blood types	Two licensed health care professionals

d. If surgeon elects to start the procedure prior to the final crossmatch being completed and move forward based on virtual crossmatch, this will be in the EMR

7. Pre-Transplant Verification Upon Organ Receipt in the Operating Room-this verification must occur after the recipient and organ arrives in the OR, but prior to anastomosis of the organ.
    a. Surgeon and RN circulator will complete the ABO Organ Verification (Recipient) within the EMR, attesting with their electronic signatures that they have reviewed the blood type of donor (subtype if used for allocation) and recipient, as well as UNOS number (donor ID), recipient identifier (MRN), organ and laterality (if applicable), donor and recipient are blood type compatible (or intended incompatible), the correct donor organ has been identified for the correct recipient and final lymphocyte crossmatch result prior to beginning the transplant procedure.
    b. If a surgeon elects to start the procedure prior to the final crossmatch or proceed based on virtual crossmatch being completed, this will be indicated in the EMR.
    c. If the recipient procedure begins and the surgeon is scrubbed, the surgeon may visually verify and review the source documents, the RN circulator may document that visual verification was completed in the EMR and then the surgeon will electronically sign the verification at the end of the procedure.
    d. Source documentation used will be according to OPTN Policy:

OPTN Policy 5.8B Pre-Transplant Verification Upon Organ Receipt Requirements

The transplant hospital must verify all the following information:	**Using at least *one* of the following:**	**By *both* of the following individuals:**
Donor ID	External and internal organ package labels Documentation with organ	1. Transplant surgeon 2. Licensed health care professional
Organ (and laterality if applicable)	Organ received	1. Transplant surgeon 2. Licensed health care professional
Donor blood type and subtype (if used for allocation)	Donor blood type and subtype source documents	1. Transplant surgeon 2. Licensed health care professional
Recipient unique identifier	Recipient identification band	1. Transplant surgeon 2. Licensed health care professional
Recipient blood type	Recipient blood type source documents	1. Transplant surgeon

	Recipient medical record	2. Licensed health care professional
Donor and recipient are blood type compatible (or intended incompatible)	OPTN computer system Recipient medical record Attestation following verification of donor and recipient blood types	1. Transplant surgeon 2. Licensed health care professional
Correct donor organ has been identified for the correct recipient	Recipient medical record OPTN computer system Attestation following verification of donor ID, organ, and recipient unique identifier	1. Transplant surgeon 2. Licensed health care professional

e. The RN circulator should document the time the organ is received into the operating suite and the time of the verification
f. Any questions of compatibility or discrepancies in UNOS number or blood type compatibility will be resolved prior to the organ being transplanted into the recipient.
g. .

8. Prior to taking the recipient into the surgical suite, the RN circulator will call the Buckeye Transplant Coordinator on call. Together they will verify the intended recipient name and MRN, final lymphocyte or virtual crossmatch results, UNOS number of the donor, and blood types of donors and recipient.

9. During a living donor case, pre-recovery verification on all living donors will occur prior to general anesthesia. The Living Donor Coordinator will facilitate this verification in the living donor OR.

10. The donor/recipient compatibility will be verified in the donor OR prior to the donor organ leaving the donor OR. This will be done at the time of the donor pre procedure time out. An additional time out will be performed at the time of the donor organ arrival in the recipient OR

Approved by: /s/ Kurt Kless MSN, MBA, RN, NE-BC Chief Nursing Officer (CNO) Date /s/ Michael Rees, MD Director, Renal Transplant Program Date Reviewed by: Perioperative Educator Revision completed by: Jennifer Holloway BSN, RN, CCTC Transplant Administrator	**Review/Revision Date:** 1/28/2009 2/5/2010 8/2012 10/15/2012 2/1/2016 5.20.16 4/24/19 8/1/2019 1/13/2020 10/26/2021 7/1/2024 **Next Review Date:** 7/1/2027
Policies Superseded by This Policy:	