

<p>Name of Policy: Tracking and Monitoring of Donor Organ Location during Transplant Surgery</p> <p>Policy Number: 3364-124-76</p> <p>Approving Officer: Chief Nursing Officer</p> <p>Responsible Agent: Director Surgical Services</p> <p>Scope: The University of Toledo Medical Center Operating Room (OR)/Perioperative Services</p>	 <p>Effective date: June 1, 2024</p> <p>Original effective date: September 10, 2012</p>
--	---

Key words:

	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

The location of the deceased or living donor organ will be monitored continuously in the operating room (OR) department. Only the transplant surgeon(s) may handle the donor organ itself. An OR RN or surgical technologist, or the transplant coordinator RN, may handle the outer container(s) (shipping box, outer thermal container, transport container) in which a donor organ is shipped, received, stored and/or transported.

(B) Purpose of policy

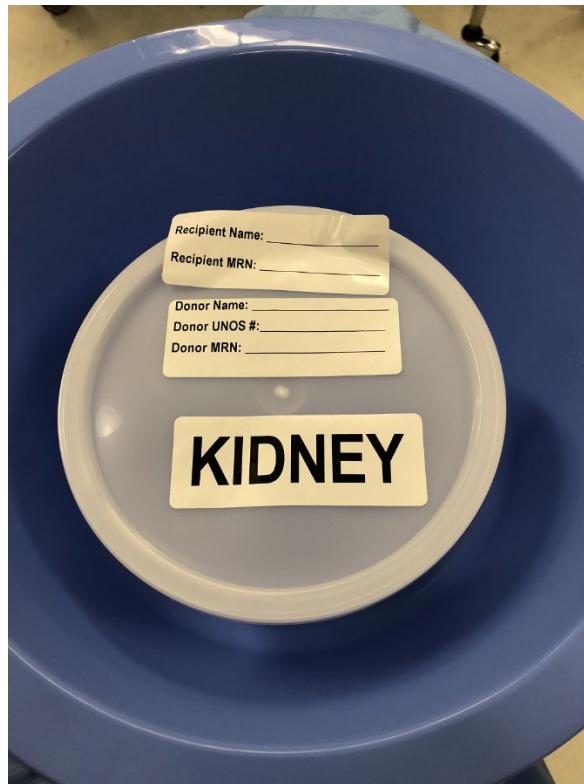
To provide a safe process for monitoring the location of the explanted donor organ until it is implanted in the recipient.

(C) Procedure

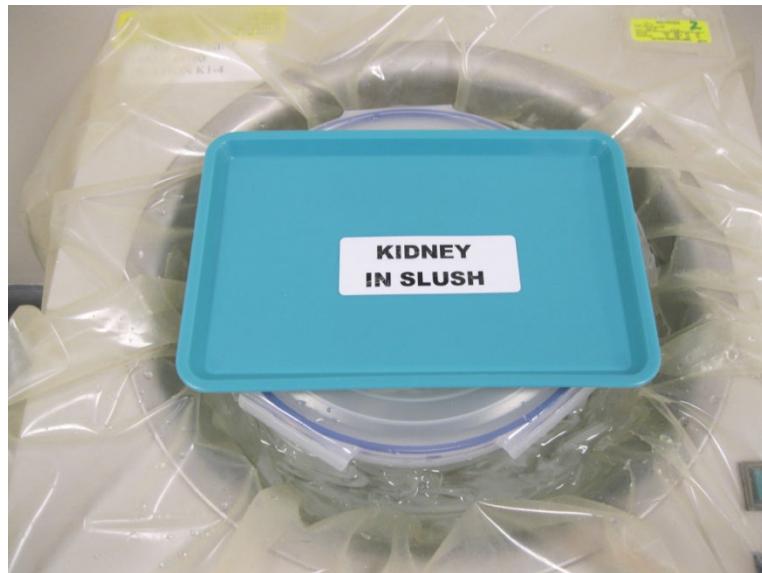
- (1) When a deceased or living donor organ is received in the OR department from an outside source, the charge RN receiving the organ will enter the organ arrival time into the OR kidney log book.
- (2) The documentation will include whether a kidney arrived on pump, was taken to an OR room for cleaning/implantation or stored at the OR control desk in view of the OR charge RN.

Tracking and Monitoring of Donor Organ Location during Transplant Surgery

- (3) All movement of the organ prior to it being taken to the recipient OR will be documented in the OR kidney log. The OR charge RN and/or the RN circulator will document the location of the donor organ at all times.
- (4) When a kidney is taken to the recipient OR room or taken to another operating room for pre-procedure cleaning, once it is removed from the original container it will be placed in the approved sterile container with a lid.
- (5) The container lid label will be filled out with the appropriate information for that case by the transplant surgeon or scrub person with a sterile marker.



- (6) Once a kidney is moved to the recipient OR, all further movement is documented in the electronic medical record by the RN circulator.
- (7) Any time a kidney is not under the direct control and observation of the transplant surgeon(s) the teal-colored kidney sign will be placed on top of the container in the slush machine.



(8) Consistent with [policy 3364-124-74 Intraoperative Hand Off Communication](#), staff breaks and relief which are planned during a procedure, will occur after consultation with the attending surgeon regarding appropriateness of the timing of the break. It is the responsibility of the staff member being relieved to consult with the surgeon.

Approved by: <u>/s/</u> Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer <hr/> Date <i>Review/Revision Completed by: Heidi Pitzen MSN, BBA, RN, CNOR; Perioperative Educator</i>	Policies Superseded by this Policy: Initial effective date: September 10, 2012 Review/Revision Date: November 13, 2012 February 1, 2016 August 5, 2020 June 2024 Next review date: June 2027
--	---