

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
 DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS POTENTIAL ORGAN DONOR WORKUP PROTOCOL	CHECK OFF/ INITIALS
LABWORK:	
FOR ALL DONORS, THE FOLLOWING TESTS SHOULD BE DONE:	
1. Serum electrolytes, including creatinine every 6 hours.	
2. ABGs every 6 hours.	
3. CBC, PT, APTT every day.	
4. STAT labs/orders:	
-Urinalysis with microscopic	
-One set each blood, urine, and sputum cultures	
-ABO blood type	
-Chest X-ray	
-Accurate height and weight	
ADDITIONAL TESTING FOR POSSIBLE HEART OR HEART/LUNG DONATION	
5. 12-Lead EKG	
6. CPK with isoenzymes	
7. Cardiac consult	
8. Echocardiogram	
ADDITIONAL TESTING FOR POSSIBLE LIVER DONATION	
9. Liver Enzymes, including: Total Bilirubin, Direct Bilirubin, LDH, SGOT, SGPT, Alkaline Phosphotase every 6 hours.	
MAINTENANCE ORDERS:	
- CVP (Central Venous Pressure) 5-10 mmHg	
- Blood Pressure minimum of 100 systolic	
- Urine output 100-200mL/hour	
- Minimum PAO2 of 100 per ABG	
General Recommendations:	
1. Vital signs, urine output every hour.	
2. Intravenous Fluid intake to match urine output mL/mL plus 50mL/hour.	
3. Eye care – Tape eyes closed and give 2 drops of Artificial Tears to each eye every 4 hours.	
For Decreased Blood Pressure:	
1. Give a fluid challenge first and check patient’s hydration status (CVP, Urine Output, etc.)	
2. Replace fluid to restore intake and output balance.	

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3. Start Dopamine drip at 3-5mcg/kg if Blood Pressure still low despite adequate hydration.	
For Low Urine Output (less than 30mL/hour):	
1. Give a fluid challenge first and check patient's hydration status (CVP, BP, etc.).	
2. Replace fluid to restore intake and output balance.	
3. Give 40mg Furosemide (Lasix®) Intravenous if urine output still 30mL/hour after fluid balance has been restored.	
4. Consult with TRC Coordinator if urine output still does not improve.	
For High Urine Output (greater than 300mL/hour for 2 hours):	
1. Check patient's fluid status to establish patient is not diuresing off extra fluid.	
2. Start Vasopressin (Pitressin®) drip (20 units in 1 liter Dextrose 5% in Water; 1mL = 0.02 units).	
3. Start drip at 0.08 units/hour (4mL/hour); titrate every 20 minutes until urine output stabilizes at 100-200mL/hour.	
4. Continue to monitor urine output closely.	
5. Discontinue the drip if urine output drops below 80mL/hour.	

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Revised: 11/05; 8/07 Reviewed: 10/09 Fax to Pharmacy Form # 1.4-003