

REFERRAL TOOL FOR SPECIALIST NURSE IN ORGAN DONATION (SNOD)
 PAGER NO:03000 20 30 40(leave message for SNOD to call back)

S

I am....., nurse/doctor from WHH/K&C/QEQM Hospital ICU/A&E
 My telephone number is.....
 I am calling for advice/to make a referral.
 The patients name is
 Dob....., Postcode.....
 We are planning to brain stem death test/withdraw treatment
 today/tomorrow at approximately.....am/pm

B

The patient was admitted on the....., with.....

 PMH includes.....

 The family are..... and their understanding is.....

 The consultant is.....he is aware/not aware of the
 referral to SNOD.
 The patient has/hasn't had a CT showing.....

A

The ventilation mode is(RR is)
 Most recent ABG onFiO₂ is Ph....., PaO₂....., PaCO₂.....,
 Most recent Bp is/..... and MAP is HR is
 Cardiovascular support includes.....

 Pupils are, gag and cough is/isn't present
 Urine output for last hour ismls
 Blood results include blood group.....,
 eGFR....., urea....., creatinine....., ALT....., ALP.....

R

Our plan is

 and we would like your help/advice.
 I would like you to check the organ donation register and inform us if
 there is anything we need to do in the meantime.
 Could we have your contact number to update you with any further
 information.