

Adult Catastrophic Brain Injury Guidelines (CBIGs)

Maintaining the Option of Donation

Maintain Blood Pressure

- Maintain systolic blood pressure >100 (MAP >60)
- Fluid resuscitation
- Consider inotropic agents/vasopressor support
- Consider invasive hemodynamic monitoring

Maintain Urine Output

- Treat diabetes insipidus with Vasopressin 1-2.5 units/hr
- Maintain urine output $>0.5\text{ml/kg/hr}$

Oxygenation & Ventilation

- Maintain
 - * $\text{PaO}_2 >100$ mmHg
 - * PaCO_2 35-45 mmHg
 - * Arterial pH 7.35-7.45
- PEEP 5.0-8.0
- Aggressive pulmonary hygiene
- Respiratory treatments as needed

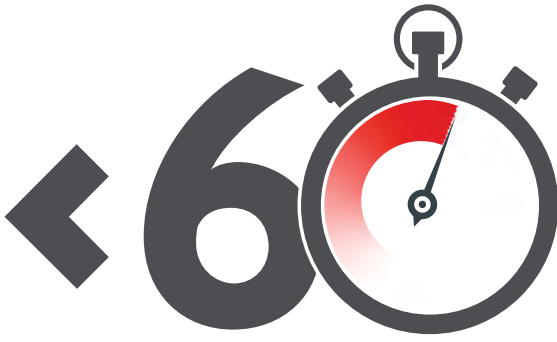
Normalize Temperature

- Maintain core temperature between 36° and 37.5°C

To Maintain Homeostasis:

- Monitor labs, including: basic metabolic panel, magnesium, phosphate, heme8, ABGs
- Maintain Hgb $>7\text{g/dL}$ and Hct $>24\%$
- Monitor and treat electrolytes
- Monitor glucose and treat with insulin drip (keep 80-200)
- Maintain NA <155 mmol/L
- If PT >18 , give 2 units FFP
- Blood bank sample for ABO typing





LifeNet Health staff will speak to you to determine patient's status and donation potential

- Admission course
- Labs and vitals
- Plan of care
- Any other pertinent information

If the patient is deemed a candidate for donation, a coordinator will be dispatched to your facility

LifeNet Health staff will work with you to determine when it is appropriate for our staff to make contact with the patient's next of kin

Donation should only be mentioned to patients or families by LifeNet Health staff

LifeNet Health will keep in contact with you at least once per shift. Please contact us should any of the following occur with the patient:

- Loss of additional reflexes
- Hemodynamic instability
- Cardiac arrest
- Planned brain death testing
- DNR written
- Family discussion about donation
- Family wishes to transition to comfort care

LifeNet Health Transplant Services

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