

Pediatric Catastrophic Brain Injury Guidelines (CBIGs)

Maintaining the Option of Donation

Maintain Age Appropriate Blood Pressure

- Adequate hydration/maintain euvolemia
- Maintain normal blood pressure for age/MAP > 60
- Consider inotropic agents/vasopressor support
- Consider invasive hemodynamic monitoring

Maintain Urine Output

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

Oxygenation & Ventilation

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

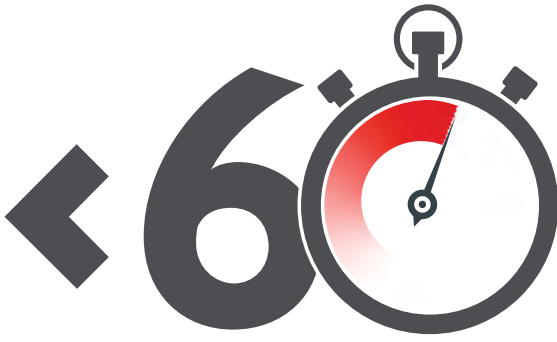
Normalize Temperature

- Maintain core temperature $36-38^\circ\text{C}$

To Maintain Homeostasis:

- Normalize hemoglobin and hematocrit
- Monitor PT/INR and treat to normalize
- Monitor and treat electrolytes
 - * Treat hypernatremia
 - * Monitor glucose





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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