

# Notification of Referral

LOPA Clinical Support Center

**1-800-833-3666**



\*Refer cardiac all deaths within 2 hours.

\*Call LOPA within 1 hour. Vented patient with a neurological, or life threatening injury AND meets one of the following (regardless of sedation):

- \* Loss of 2 or more brain stem reflexes
- \* GCS of 8 or less
- \* Poor prognosis or non-survivable injury
- \* Hypothermic/TTM protocol initiated
- \* End of life/goals of care discussions
- \* Family mention of donation
- \* Plans for brain death testing

**Forms should be completed on all deaths and organ referrals.**

Any questions relating to the appropriateness of a donor or assistance in form completion must be directed to the LOPA Clinical Support Center.

Referral made by (first and last name of hospital staff): \_\_\_\_\_

Date/Time of referral: \_\_\_\_\_

Referral Number: 

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 Screened By: \_\_\_\_\_

Suitable for: ☐ Organ ☐ Tissue ☐ Eye ☐ Not Suitable for Donation

## Rule out reason

Patient Name: 

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Patient MRN #: 

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Date of Birth: 

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Date of Brain Death: 

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 Time of Death: 

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 AM ☐ PM ☐

Date of Death: 

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 Time of Death: 

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 AM ☐ PM ☐

Cause of Death:

- |                          |                     |                                                                                    |
|--------------------------|---------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Vented Patient      | LOPA Representative to approach family if appropriate                              |
| <input type="checkbox"/> | DNR status obtained | Referral of critical care patients when family initiates <b>Do Not Resuscitate</b> |
| <input type="checkbox"/> | Cardiac Death       | Clinical Support Center to approach family via telephone if appropriate            |
| <input type="checkbox"/> | Donor Registry      | Patient is listed in the Donor Registry                                            |