ANESTHESIA GUIDELINES

- The donor should have at least one central and/or two large bore peripheral IV lines for rapid fluid replacement.
- Maintain B/P > 90 systolic and CVP 8-10 with crystalloids and colloids.
- Maintain vasopressors/other continuous intravenous infusions already utilized by LifeBanc procurement staff prior to entering the OR
- Heart rate between 70-120.
- Maintain urine output 1-4 cc/kg/hr. May need to replace urine output cc/cc until ureters are cut.
- Keep FiO2 at 100% for maximum oxygenation unless indicated otherwise by the recovering surgeons.
  a. Oxygen delivery rates for the donor must be documented on the anesthesia record.
- You may be asked to inflate or deflate the lungs at various times during the organ recovery.
- Routinely, Pavulon or other neuromuscular blocking agent is given to relax abdominal muscles or neutralize spinal reflexes. Please give upon arrival to the OR and prior to the initial incision.
- You may be asked to draw several tubes of blood before Heparin is given.

Have Available:

- 8-15 Liters of crystalloids; LR is preferred unless otherwise specified by the LifeBanc Coordinator or recovering surgeon.
- Pavulon
- Dopamine or other vasopressive agent(s)
- Betadine solution.

- Maintain and complete the anesthesia record. The original should remain in the donor’s hospital chart and a copy should be given to the LifeBanc coordinator who will place it with the LifeBanc donor chart.
  a. The record must document blood pressure, fluid volume, any organ perfusion and fluid replacement utilized for excessive loss.

- Routine drugs supplied by LifeBanc include: Heparin 30,000 units. Occasionally, additional medications such as Lasix may be requested. Other medications that are organ specific (i.e.: Prostaglandin) will be supplied by the individual recovering teams.
  a. The administration of all medications must be documented on the anesthesia record.

- PRBC’s on hold. The LifeBanc coordinator will be responsible for ascertaining the availability of blood or other products.

- Pancreas donor: Betadine may be required NG and then the NG will be clamped.
Lifebanc Will Provide:
For organ donors:
  - **Heparin** 10,000-30,000 units, to be given IV approximately 5 minutes prior to cross clamping; the recovering surgeon will request.

**Sequence of Events During Multiple Organ Recovery Procedures:**
  - Usually, the abdominal team begins the dissection with the heart/lung team present to do an initial gross examination. The abdominal team may begin initial dissection prior to arrival of thoracic teams.
  - Some Lung teams may need to perform limited special procedures specific to their individual protocols (i.e. Bronchoscopy, etc).
  - After the abdominal dissection is complete, the other teams are invited back to the field to complete their dissections, and all is readied for the aortic cross-clamp to be applied.
  - You will be directed to give the heparin, and the aorta will be cannulated. You may be asked to "pull back" any central lines before the aortic cross-clamp is applied.*
  - At the appropriate time after the cross-clamp is applied, you will be asked to discontinue support. At this time you may turn off the ventilator and the anesthesia machine, disconnect the lines to the endotracheal tube, and turn off all drips and monitors.
  - After the anesthesia record is completed, the LifeBanc Coordinator will request a copy and you will be free to leave.

* **Lung donors need to have ventilation maintained after cross-clamp for a short period of time.**