## Notification of Referral



## LOPA Clinical Support Center 1-800-833-3666

\*Refer all deaths within 2 hours of cardiac time of death.

\*Refer all organ referrals (vented patients) within 1 hour of meeting the clinical trigger of a patient with a neurological, anoxic, or life threatening injury and one of the following (regardless of sedation): \* Loss of 2 or more brain stem reflexes

- \* Patient meeting a Glasgow Coma Scale (GCS) of 8 or less
- \* Poor prognosis/non-survivable injury
- \* Hypothermia Protocol/TTM Initiated
  \* End of life/goals of care discussions
  \* Family mention of donation

## 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:	Screened By:
Suitable for: Organ Otissue Eye Not Suitable for Donation	
Rule out reason	
Patient Name:	
Patient MRN #:	
Date of Birth:	
Date of Brain Death:	Time of Death: AM • PM •
Date of Death:	Time of Death: AM • PM •
Cause of Death:	
Vented Patient	LOPA Representative to approach family if appropriate
DNR status obtained	Referral of critical care patients when family initiates ${f D}$ o ${f N}$ ot ${f R}$ esuscitate
Cardiac Death	Clinical Support Center to approach family via telephone if appropriate
Donor Registry	Patient is listed in the Donor Registry