

General care and nutrition

Intensive care leading up to organ retrieval surgery should include:

- enteral feeding may benefit recipients by increasing splanchnic perfusion, restoring energy reserves, reducing cytokine generation, and protecting against ischaemia and reperfusion injury (beware of potential risk of pulmonary aspiration in the setting of gastroparesis and feed intolerance is increased)
- Thromboprophylaxis, infection control measures (catheters, devices and respiratory care) and mouth hygiene are continued.
- Prophylactic antibiotics are requested by the transplant units in nearly all donors
- Serum electrolytes (sodium and potassium) should be monitored 6 hourly or as necessary to guide fluid replacement and electrolyte supplementation.
- Insulin may be given by infusion to maintain blood glucose within the normal range.
- Occasionally, after brain death, neuromuscular blockade may be necessary to suppress exaggerated spinal reflexes.
- Note: Anticonvulsants, anti-emetics, analgesics and anxiolytics medications should all be ceased.