Increasingly, organ donation is offered to families of older patients with comorbidities and these organs are increasingly being accepted for transplant. These organs can be matched according to the life expectancy of the recipient through suitability or prognostic matching, which requires more detailed donor investigations.

Once the preliminary advice is received that donation may be possible, donation should be offered to the family with the understanding that donation and transplantation may not proceed. The suitability for donation will depend on a number of donor and recipient factors as well as logistical constraints, therefore acceptance criteria cannot be rigid.

When donation may be possible, it is reasonable to maintain, or even increase, supportive treatments that preserve the possibility of donation (e.g. transfusion, inotropes, renal replacement therapy, anti-arrhythmic agents) before donation has been discussed with the family. In situations where donor blood samples need to be sent to a distant laboratory, samples can be sent but should not be processed until consent for organ donation has been given.

Further donor-specific tests, tissue typing and Electronic Donor Record (or the New Zealand Donor Referral System) data entry will be required to enable the organs to be offered for transplantation. These should be undertaken only after the family has agreed to donation.

Recipient selection is a staged process and more detailed and intensive donor investigations such as coronary angiography, computed tomography (CT) chest, bronchoscopy and percutaneous liver biopsy should only be done to provide essential information to inform offers and acceptance for particular recipients. This will ensure that the organ will subsequently be transplanted pending an acceptable investigation result. All such investigations should be undertaken with the agreement of the family after suitable explanations.

Medical suitability for organ and tissue donation is discussed in more detail in Section 2.2.1.

[Recommendations 26, 27]