

Most patients who become organ donors have been admitted to ICU for treatment. If a poor prognosis is subsequently confirmed, the option of organ donation is offered as part of end-of-life care if the patient is medically suitable.

Occasionally ICU admission is offered solely for the purpose of organ donation as part of end-of-life care. The opportunity to consider donation would otherwise be missed. The potential community benefit from transplantation justifies such admission from a resource perspective.

To facilitate the above, local pathways should be developed so that:

- preliminary enquiries to the donation agency can be made to ascertain if donation may be possible and, in Australia, the AODR can be checked to ascertain patient wishes;
- discussions with the family are planned collaboratively with involvement of intensive care and donation staff;
- appropriately cFDC trained staff discuss with the family the option of admitting the patient to the ICU for end-of-life care and to explore the possibility of organ donation and the likely timelines involved;
- the family is informed that despite admission to ICU, organ donation may not occur for a variety of reasons; and
- if the patient is being transferred from a remote hospital, repatriation of the body is funded by the health system.

If the patient is admitted to ICU from the emergency department, and the family are not immediately contactable, discussions should proceed with the family as soon as practicable following ICU admission. Occasionally non-ventilated patients are referred to ICU to explore the possibility of exploring organ donation. Intubation solely for the purpose of donation should only be undertaken with the explicit informed consent of the family.

[Recommendation 28]