

Organ donation for transplantation overview

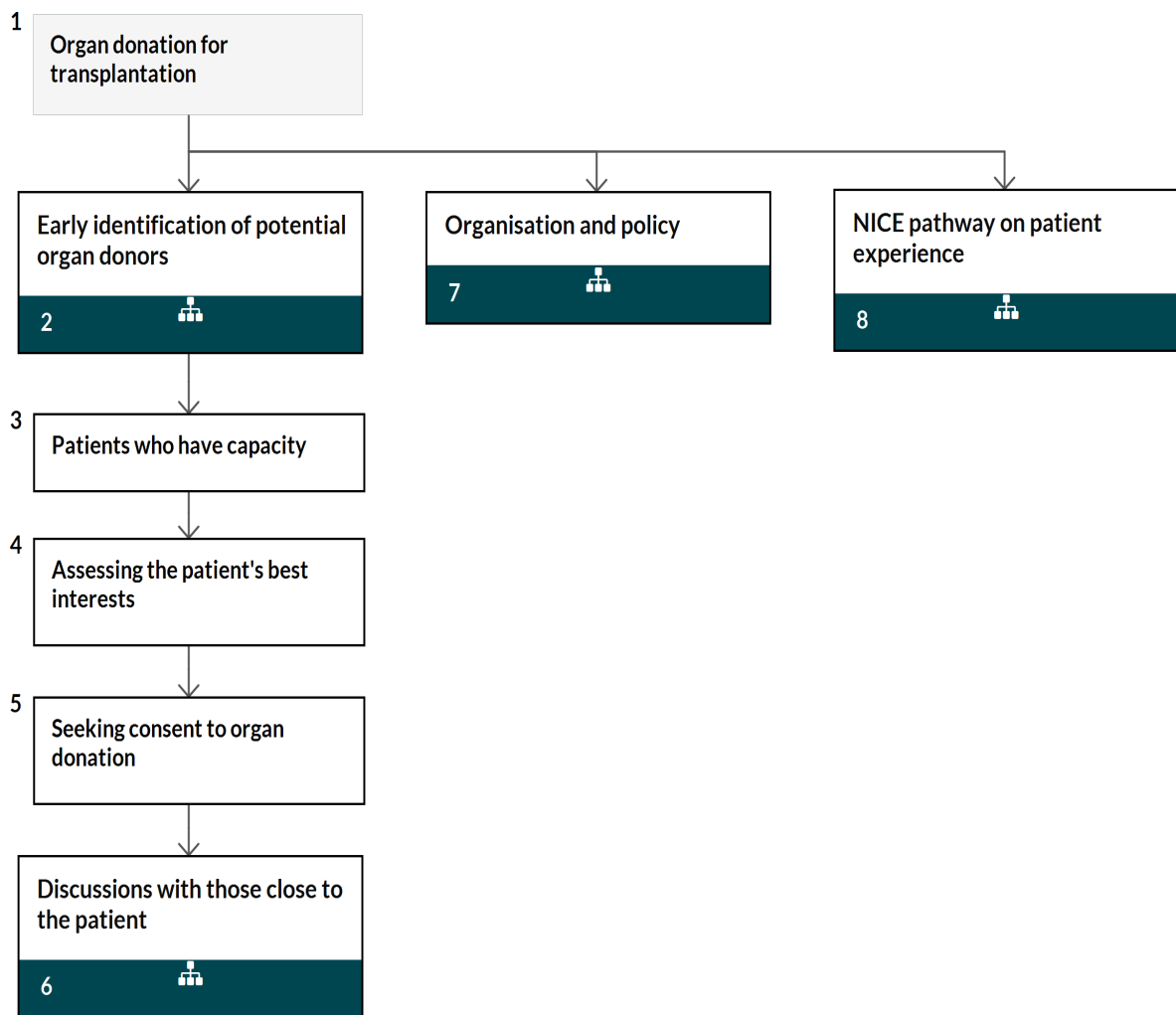
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/organ-donation-for-transplantation>

NICE Pathway last updated: 21 December 2016

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Organ donation for transplantation

No additional information

2 Early identification of potential organ donors

[See Organ donation for transplantation / Organ donation for transplantation: early identification of potential organ donors](#)

3 Patients who have capacity

Where a patient has the capacity to make their own decisions, obtain their views on, and consent to, organ donation¹.

4 Assessing the patient's best interests

If a patient lacks capacity to make decisions about their end-of life-care, seek to establish whether taking steps, before death, to facilitate organ donation would be in the best interests of the patient.

Consider:

- the patient's known wishes and feelings (in particular any advance statement or registration on the NHS organ donor register² and views expressed to those close to the patient)
- the beliefs or values that would be likely to influence the patient's decision
- any other factors they would be likely to consider
- the views of the patient's family, friends and anyone involved in their care as to what would be in the patient's best interests
- anyone named by the patient to be consulted about such decisions.

5 Seeking consent to organ donation

If a patient lacks the capacity to consent to organ donation seek to establish the patient's prior consent by:

¹ If the potential donor is under 16, healthcare professionals should follow the guidelines in [Seeking consent:](#)

- referring to an advance statement if available
- establishing whether the patient has registered and recorded their consent to donate on the NHS organ donor register¹ and
- exploring with those close to the patient whether the patient had expressed any views about organ donation.

The [NHS Organ Donor Register](#) now allows anyone to register a decision to donate, not to donate or to nominate a representative to make a decision after their death.

If the patient's prior consent has not already been ascertained, and in the absence of a person or persons having been appointed as nominated representative(s), consent for organ donation should be sought from those in a [Qualifying relationship](#) [See page 5] with the patient. Where a nominated representative has been appointed and the person had not already made a decision about donation prior to their death, then consent should be sought after death from the said nominated representative(s).

6 Discussions with those close to the patient

[See Organ donation for transplantation / Organ donation for transplantation: discussions with those close to the patient](#)

7 Organisation and policy

[See Organ donation for transplantation / Organ donation for transplantation: organisation and policy](#)

8 NICE pathway on patient experience

[See Patient experience in adult NHS services](#)

[working with children](#).

² See the NHS Blood and Transplant [organ donation website](#).

¹ See the NHS Blood and Transplant [organ donation website](#).

Qualifying relationship

The following are qualifying relationships for the purposes of the Human Tissue Act 2004. Consent should be obtained from the available person ranked highest in the following list:

- spouse or partner (including civil or same sex partner)
- parent or child (in this context a 'child' can be any age)
- brother or sister
- grandparent or grandchild
- niece or nephew
- stepfather or stepmother
- half-brother or half-sister
- friend of long standing.

Glossary

Advance statement

a set of instructions given in advance by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity. It does not always have to be written down, although most are

Brainstem death

death diagnosed after irreversible cessation of brainstem function and confirmed using neurological criteria. The diagnosis of death is made while the body of the person is attached to an artificial ventilator and the heart is still beating

Circulatory death

death diagnosed and confirmed following cardiorespiratory arrest

Clinical triggers

a set of clinical criteria used to indicate a high probability of death, which is used to define a standard point in care when the hospital is expected to initiate referral

Close to the patient

family, friends, partners and anyone who knows the patient who can be, but is not necessarily, in a qualifying relationship

Lasting Power of Attorney

a Lasting Power of Attorney (LPA) is a legal document that enables a person who has capacity and is over 18 to choose another person or people (attorney[s]) to make decisions on their behalf. A health and welfare LPA is for decisions about both health and personal welfare, such as where to live, day-to-day care or having medical treatment

MDT

multidisciplinary team

Nominated representative

a nominated representative is a person appointed by the patient to represent the patient after their death in relation to consent for organ donation. The appointment may have been made orally or in writing

Specialist nurse for organ donation

a healthcare professional with specific expertise in the promotion and facilitation of the entire donation process through working with all staff in critical care areas to support and maximise organ/tissue donation and providing support and information to families of potential donors

Sources

[Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation](#) (2011) NICE guideline CG135

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.