


<p>Name of Policy: <u>Living Transplantation Compatibility Verification</u></p> <p>Policy Number: 3364-140-35</p> <p>Department: Kidney Transplant Administration (Nursing Service)</p> <p>Approving Officer: Associate VP Patient Care Services/Chief Nursing Officer Director, Renal Transplant Program</p> <p>Responsible Agent: Transplant Administrator Living Donor Coordinator</p> <p>Scope: The University of Toledo Medical Center</p>	 <p>Effective Date: 2/1/2023</p> <p>Initial Effective Date: December 27, 2007</p>
<p> <input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy </p> <p> <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy </p>	

(A) Policy Statement

The recovery/transplanting surgeon and another licensed health care professional will verify that the donor’s blood type and identifying information are compatible with the intended recipient prior to organ recovery. Physicians, transplant nurse coordinators, and OR RNs qualify as licensed health care professionals. At the University of Toledo Medical Center (UTMC) the unique donor identifier is the UNOS ID. The unique recipient identifier is the medical record number.

(B) Purpose of Policy

To ensure the donor and recipient are compatible or intended incompatible and that the correct donor organ has been identified for the correct recipient.

(C) Procedure

1. The living donor pre-recovery verification must occur in the donor operating room prior to induction of general anesthesia on the day of the living donor recovery.
2. Surgeon and Transplant Coordinator or RN Circulator will complete the Living Donor Pre-Recovery Verification form, attesting with their signatures that they have reviewed the blood type of donor (subtype if applicable) and recipient, as well as UNOS number (donor ID), recipient identifier (MRN), organ and laterality (if applicable), donor and recipient are blood type compatible (or intended incompatible), the correct donor organ has been identified for the correct recipient and final lymphocyte crossmatch results using source documentation prior to beginning the living donor recovery. Source documentation used will be according to OPTN Policy.

OPTN Policy 14.7: Pre-Recovery Verification Requirements

The recovery hospital must verify <i>all</i> of the following information:	Using at least <i>one</i> of the following:	By <i>both</i> of the following individuals:
Donor ID	Donor identification band containing the donor ID Donor identification band and OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Organ type and laterality (if applicable)	OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Donor blood type and subtype (if used for ensuring transplant compatibility or allocation)	Donor blood type and subtype source documents	1. Recovery surgeon 2. Licensed health care professional
Intended recipient unique identifier	Recipient medical record OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Intended recipient blood type	Recipient medical record OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Donor and intended recipient are blood type compatible (or intended incompatible).	OPTN computer system Recipient medical record Attestation following verification of donor and recipient blood types	1. Recovery surgeon 2. Licensed health care professional
Correct donor organ has been identified for the correct intended recipient	Donor medical record OPTN computer system Attestation following verification of donor ID, organ, and recipient unique identifier	1. Recovery surgeon 2. Licensed health care professional

3. The above verification will be documented that it was completed according to hospital policy and OPTN requirements in the transplant medical record donor chart.
4. Verification upon receipt of organ will occur after the organ arrives in the operating room with intended recipient in the operating room prior to anastomosis according to UTMC's Organ Transplantation Policy (policy #3364-124-67).

Approved by:	Review/Revision Date:
<u>/s/</u> Kurt Kless MSN, MBA, RN, NE-BC Chief Nursing Officer	1/30/2009 1/12/2010 12/4/12 4/15/15 10/7/15 6/13/17 9/28/18 4/1/19 4/1/2020 1/25/2023
<u>/s/</u> Michael Rees, MD Director, Renal Transplant Program	Date Date
<i>Review/Revision Completed By:</i> <i>Transplant Administrator/Living Donor Coordinator</i>	Next Review Date: 2/1/2026
Policies Superseded by This Policy:	