ORGAN DONOR MANAGEMENT GOALS

Maintain MAP > 65

Rehydrate with crystalloids to maintain CVP 4 - 8. May use vasopressors to maintain MAP >65 Norepinephrine preferred

- Transfuse with packed cells to maintain hemoglobin ≥8 and hematocrit ≥25%

PaO_2 > 100

Increase FIO_2 in order to adequately maintain a PaO_2 ≥ 100 and saturation > 95%. Monitor ABGs frequently, at least Q4 hours to assure proper oxygenation is being maintained. PEEP may also be used to help maintain adequate PaO_2 levels.

Treat Excessive Urinary Output / Diabetes Insipidus

Judiciously rehydrate matching hourly output cc:cc with IV fluid infusion maintaining CVP 2-6mmHg

May start aqueous Pitressin IV infusion (preferred) or patient can be given DDAVP 2 - 4mcg Q6-12hrs.

Vasopressors in Donor Management

Correct fluid balance first. Initiate Dopamine infusion. If SBP <100 or if tachycardic, begin Neo-Synephrine infusion. If ineffective, Levophed or epinephrine must be used cautiously. Vasopressin may be used if urine output is adequate.

MAP	> 65
CVP	2 – 6
CO	4 – 8
CI	2.8 – 4.2

O2 Challenge	> 300
Urine Output:	1-3 cc/kg/hr

Na+	< 150
pH	7.35-7.45
CXR	Clear
ECHO	EF > 45%

GIFT of LIFE DONOR PROGRAM