SOUTHWEST TRANSPLANT ALLIANCE
A NONPROFIT CORPORATION

DCD ASSESSMENT TOOL

The following evaluation should not occur until after the decision has been made by the patient's family and patient's physician to withdraw support. The patient's physician must be consulted prior to the evaluation.

This is just a tool. Discussion with the patient's attending, bedside nurse, and AOC are vital to the decision to pursue DCD donation.

This evaluation should be done with the patient lying flat. Date/Time of assessment _____/_____/_____@_____:_____

Criteria	Assigned Points	Point Score	COMMENTS:
PATIENT ASSESSMENT			
Age: 0 – 30 years	1		
Age 31 – 50 years	2		
Age: 51 + years	3		
No Vasopressors/Inotropes	1		
Single Vasopressor/Inotrope	2		
Multiple Vasopressors/Inotropes	3		
BMI = Weight in lbs ÷ (Height in inches × Height in inches) × 703			
BMI ≤ 25	1		
BMI 25-29	2		
BMI ≥30	3		
Swallow and/or gag present	1		
Swallow and /or gag absent	3		
Cough present	1		
Cough Absent	3		
RESPIRATORY ASSESSMENT			
Intubation			
Endotracheal Tube	3		
Tracheostomy	1		
Peak Pressures with cuff deflated			
Peak pressure 0 – 10	1		
Peak pressure 10 – 20	3		
Peak Pressure > 20	5		
Tidal Volume (with vent on apnea mode)			
TV > 200cc	1		
TV < 200cc	3		
Spontaneous Respirations			
Disconnect patient from ventilator, document findings after 10 min. Reconnect ventilator after 10 min. min. If patient becomes unstable during this assessment, reconnect ventilator and document findings below.			
Rate > 12	1		
Rate 1- 12	3		
No Spontaneous Respirations	9		
O_2 Sat ≥ 90%	1		
O_2 Sat 80 – 89%	2		
O_2 Sat ≤ 79%	3		

Add points together to calculate final score		Final Score	_____
Date of Extubation	/ /	**Time of Extubation**	:
Date of Expiration:	/ /	**Time of Expiration**	:

Score	*Expiration Likelihood within 60 minutes*
8-12	*Low*
13-17	*Moderate*
18-22	*High*