

PHYSICIAN CONNECTION

Collaboration  Education  Innovation

Donor Management Goals

Achieving DMGs makes a difference in the number of lives saved through organ donation.

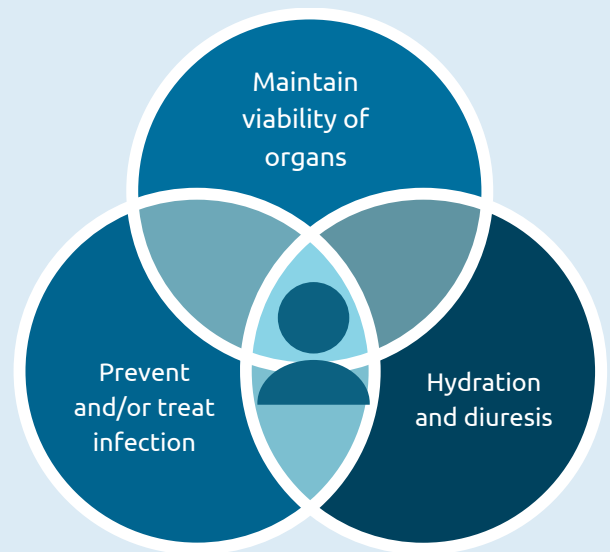
What are DMGs?

Donor management goals are benchmarks used by Donor Network of Arizona and organ procurement organizations across the country to optimize transplantable organs.

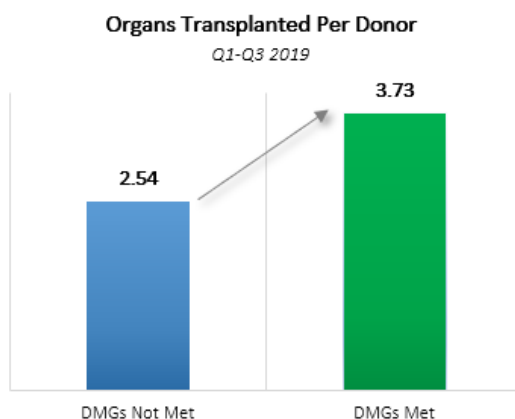
MAP 60-110	EF >50%	P:F ratio >300	pH 7.30-7.50
CVP 4-12	Na ≤ 155	Glucose ≤ 180	Urine Output >0.5ml/kg/hr

- Pressors 1 or less
- Dopamine <10mcg/kg/min
- Levophed <10mcg/min
- Neosynephrine <60mcg/min

Using DMGs helps DNA achieve these goals:

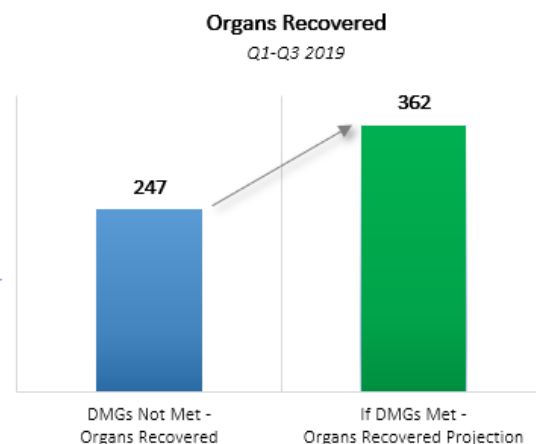


DONOR MANAGEMENT GOALS



On average, when donor management goals are met, 1.19 more organs are transplanted per donor.

POTENTIAL IMPACT



↑ 115

If DMGs were met with all patients, it can be projected that an additional 115 organs could have been recovered for transplant.

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Physician Spotlight



Ritu Khanna, MD

*Pulmonologist, St. Joseph's Hospital and Medical Center
Medical Director, Donor Network of Arizona*

Q: What is your role in the donation process as the medical director for Donor Network of Arizona (DNA)?

As the medical director of DNA, my foremost role is to provide medical expertise through careful screening of all potential donors for their suitability as donors, as well as providing assistance with medical care for all active donors. Every effort is made to avoid missed opportunity. It's imperative to stay updated with the ever evolving and advancing field of transplantation,

which is now successfully utilizing marginal organs and donors with illnesses like hepatitis C and even HIV. Thorough evaluation of medical history and ongoing medical health of a potential donor is performed to maximize donation potential, making sure to exclude unsuitable donors based on the risk of transmission of infections or malignancies to the recipients. The medical director's role also involves efforts for increasing awareness in the medical community regarding principles of DNA.

Q: What happens after donation is authorized?

Once the organ donation process is initiated with a brain dead donor, further medical care is directed for full support as well as optimization of hemodynamics and oxygenation of the donor. This maintains optimum organ perfusion, which is a major determinant for favorably impacting outcomes in the sick recipients. The care is unique in all cases ranging from infectious/sepsis related care, poor oxygenation status or hemodynamic instability, renal dysfunction and ensuing metabolic derangements. In the donation after circulatory death (DCD) patients, the ongoing care is coordinated in conjunction with the attending physician, ideally to accomplish the same goals of optimal hemodynamics and oxygenation.

Q: How can physicians help preserve donation options?

The duration of hospitalization prior to initiating the donation process varies widely from hours to days and weeks. The care provided to these patients by the physicians in the community, prior to donation authorization, is of paramount importance. Providing the best available medical care improves not only chances of maximizing organs transplanted, but also improves function of donated organs.

Q: What challenge do you encounter as medical director?

The major challenge as a medical director involves the lack of a universally practiced brain death testing protocol and addressing physician communication barriers in the medical community. These challenges ultimately lead not only to loss of vital organs, but also increased risk of hypoxic injury to marginal organs. As a medical director, these issues are addressed with educational lecture series for the community physicians as well as actively engaging to minimize individual physicians' concerns regarding donation processes.

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