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.

<table>
<thead>
<tr>
<th>MAP 60-110</th>
<th>EF &gt;50%</th>
<th>P:F ratio &gt;300</th>
<th>pH 7.30-7.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVP 4-12</td>
<td>Na ≤ 155</td>
<td>Glucose ≤ 180</td>
<td>Urine Output &gt;0.5ml/kg/hr</td>
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Pressors 1 or less
- Dopamine <10mcg/kg/min
- Levophed <10mcg/min
- Neosynephrine <60mcg/min

Using DMGs helps DNA achieve these goals:
- Maintain viability of organs
- Prevent and/or treat infection
- Hydration and diuresis

DONOR MANAGEMENT GOALS

**Organs Transplanted Per Donor**
Q1-Q3 2019
- DMGs Not Met: 2.54
- DMGs Met: 3.73

**Organs Recovered**
Q1-Q3 2019
- DMGs Not Met: 247
- DMGs Met: 362

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

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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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.