HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Provision of Care		
Document:	Multidisciplinary Policy and Procedure		
Title:	Brain Death and Organ Donation Management Policy		
Applies To:	All Healthcare Provider		
Preparation Date:	January 05, 2025	**Index No:**	PC-MPP-015
Approval Date:	January 19, 2025	**Version :**	2
Effective Date:	February 19, 2025	**Replacement No.:**	PC-MPP-015 (1)
Review Date:	February 19, 2028	**No. of Pages:**	9

1. PURPOSE:

1.1 Brain death identification, notification and confirmation.
1.2 To approach potential donor family for supporting choice of donation.
1.3 To keep and maintain potential organ donor(s) in the organization till harvesting.

2. DEFINITONS:

2.1 **Brain Death** – irreversible cessations of all functions of the entire brain including the brain system.
2.2 **Potential Organ Donor** – brain dead case has no absolute contra-indication for tissue or organ donation.
2.3 **Absolute Contraindication For Tissue or Organ Donation** – exclude cases for donation that are positive Human Immune System Virus (HIV), undefined sepsis and confirmed active malignancy.
2.4 **Relative Contraindication For Tissue or Organ Donation** – any not excludes but modify organ or tissue selection.
2.5 **Brain Death Confirmatory Test** – mandatory test for brain death confirmation.
2.6 **Brain Death Coordinator** – assigned person participate in brain death management process
- 2.6.1 **Local Brain Death Coordinator** – assigned person for a defined hospital.
- 2.6.2 **Regional Brain Death Coordinator** – assigned person for regional area
- 2.6.3 **Medical Brain Death Coordinator** – assigned physician who participates in medical issues.
- 2.6.4 **Administrative Brain Death Coordinator** – assigned social worker who participates in social issues.
- 2.6.5 **Mobile Brain Death Caring Team** – assigned mobilized physician, nurse, EEG technician or social worker follow regional coordinator and participate in providing regional brain death management.
- 2.6.6 **GCS (Glasgow coma scale)** – neurological scale that aim to give a reliable and objective way of recording the conscious state of the patient.
- 2.6.7 **SCOT** – Saudi Center for Organ Transplantation.

3. POLICY:

3.1 Brain death case management will follow Saudi center for organ transplantation (SCOT) guidelines on the basis of the Saudi Arabian and Islamic laws, rules and regulations.
3.2 The identification of brain death and maintenance of potential organ donor shall carry out by qualified competent staff.
3.3 The confirmation of brain death is carried out by save, accurate and recognized standard tests.
3.4 The harvesting of tissues or organs shall be carried out only after full potential organ donor family support to choose and to sign consent for donation.

4. PROCEDURE:

4.1 Identification and documentation of clinical brain death:

4.1.1 Brain death suspected in any case in deep coma with GCS 3/15 on controlled ventilation for >6 hours duration. Includes:
- 4.1.1.1 Deep coma GCS 3/15
- 4.1.1.2 For >6 hours duration
- 4.1.1.3 On full controlled ventilation
- 4.1.1.4 With identified underlying cause

4.1.2 Excludes:
- 4.1.2.1 Systolic BP less than 5th percentile according to age and in adult <90 mmHg
- 4.1.2.2 Temperature <35.5
- 4.1.2.3 Toxic cause (sedation, muscle relaxant, narcotic, antiepileptic or anti-depressive drug)
- 4.1.2.4 Metabolic or endocrine cause

4.1.3 No brain stem reflexes; in the following order:
- 4.1.3.1 Pupil reflex: no respond to light directed to both eyes (rule out use of eye drop)
- 4.1.3.2 Corneal reflex: to respond to a wisp of cotton wool touch both cornea
- 4.1.3.3 Oculo – cephalic (doll eye movement)- no eye movement on tilt head on both directions
- 4.1.3.4 Vestibule – ocular reflex: no eye movement on instillation of 50 ml ice cold water to each ear
- 4.1.3.5 Gag/ cough reflex: no gag or cough on passing suction tube to pharynx or larynx

4.1.4 Brain death should be declared/ diagnosed by physicians having experience in evaluating brain death including intensivist, anesthesiologist, internist, pediatrician, neurologist and neurosurgeons (neither a nephrologist nor a transplant surgeon).

4.1.5 Brain death should be documented on brain death documentation by any of the two above eligible physicians, who has to document the first exam form (death documentation form by function criteria) then the second exam form (death documentation form by function criteria) separated by time interval according to age group:
- 4.1.5.1 6 hour in adult
- 4.1.5.2 12 hour in children (1 – 12 years)
- 4.1.5.3 24 hour in infant (1 month – 1 year)
- 4.1.5.4 48 hour in neonate

4.1.6 Confirmation of brain death:
- 4.1.6.1 Mandatory test have to be requested by brain death diagnosing physician and if not available, the brain death coordinator or SCOT has to be informed to arrange doing that in other hospital or by mobile team and includes:
  - 4.1.6.1.1 EEG (electroencephalography) (EEG Checklist):
    - 4.1.6.1.1.1 Done once brain death diagnosed and first exam signed on brain death documentation form.
    - 4.1.6.1.1.2 EEG technician should follow the international standards for brain death EEG record including impedance >100 and <10000 ohm, 16 channel, double banana montage, 3-2uvv sensitivity, filter LLF1 Hz and HFF>30 Hz, pinprick as stimulation and record 30 minutes.
    - 4.1.6.1.1.3 Positive test show no cerebral activity >2uv (which called flat record or electro cerebral inactivity).
  - 4.1.6.1.2 Apnea test: should be done by treating team if second exam and EEG confirm clinical brain death.
    - 4.1.6.1.2.1 Increasing the flow of O_2 to 100% at 6L/min for 10 minutes.
    - 4.1.6.1.2.2 Take ABG as baseline.
    - 4.1.6.1.2.3 Then off ventilator and keep it off for 10 minutes with O_2 100% at 6L/min.

4.1.6.1.2.4 Then do ABG and if PCO_2 >60 mmHg indicate positive test.

4.1.6.1.3 Cerebral angiography: (not routine requested) positive tests show no cerebral blood and is indicated if:

4.1.6.1.3.1 Difficult to do EEG and apnea test is positive.

4.1.6.1.3.2 Difficult to find cause of brain death

4.1.6.1.3.3 Difficult to correct toxic, metabolic, hypothermia and shock

4.1.6.1.3.4 Difficult to convince the family.

4.1.7 Declaration of brain death: once second exam, EEG and apnea test confirm brain death.

4.1.7.1 NSH death caring coordinator has to send the signed second exam in brain death documentation form to the head of the hospital or deputy for co-sign, then notified SCOT.

4.1.7.2 The treating physician has to inform the family about patient prognosis and consequences. (Irreversible brain damage and has no hope of recovery and soon heart beat will stop).

4.1.8 Notification and referral of brain death:

4.1.8.1 Once brain death is declared/ diagnosed, the diagnosing physician has to notify the family/ relatives about the confirmation of the brain death of their patient and the same time notifying the hospital death coordinator who is responsible to inform the local or regional SCOT.

4.1.9 Approach potential donors family for consent:

4.1.9.1 Once brain death has no absolute contraindication for donation (as known HIV, undefined sepsis and proven malignancy), the local or regional SCOT coordinators (administrative and/ or medical) has to do the following:

4.1.9.1.1 Ensure comfortable and confidential environment for discussion. (Select quite, non-open room, with nice furniture allows same level and eye to eye contact, offer drink).

4.1.9.1.2 Search for the family first degree decision maker for discussion and support for donation.

4.1.9.1.3 Ensure that first degree family member understand what has been told about the patient condition and prognosis.

4.1.9.2 Re-explain the brain death concept using the possible visual material that supports the medical and ethical issue (like fatwa for brain death identification)

4.1.9.2.1 Explain option of donation: tissue, specific organ, all or none

4.1.9.2.2 Explain that we give offer for donation and not for asking condition.

4.1.9.2.3 Explain the greatness of the organ donation in Islam.

4.2 Maintenance of potential organ donor:

4.2.1 Treating or diagnosing physician once identify brain death (particularly if has no absolute contraindication) has to participate in maintenance of organs in intensive care area and to accept the participation of notified SCOT and brain death coordinator or mobile team to share confirmation, identification and selection and maintenance of potential organ donor and include the following:

4.2.1.1 History taking particularly for:

4.2.1.1.1 Suspected direct cause of death (head trauma or massive stroke)

4.2.1.1.2 HIV or undefined infection or malignancy

4.2.1.1.3 Past medical history of hypertension, diabetes mellitus, eye, cardiac, lung, liver or renal diseases and history of eye, chest and abdominal surgery.

4.2.1.1.4 Drug addiction, alcoholism, heavy smoking and prolonged steroid use.

4.2.1.2 Examination: particularly for any evidence of abnormal eye, heart, chest or abdomen.

4.2.1.3 Investigations:

4.2.1.3.1 Hourly: urea, creatinine, sodium and potassium
4.2.1.3.2 Daily: CBC,PT,PTT,LFT, glucose, ECG,CXR, urine analysis
4.2.1.3.3 Once mandatory: blood grouping and Rh, HIV, HBsAg, anti HCV and blood culture. Non-mandatory (if available): CMV, EBV,HILV,VDRL,Brucella, Toxoplasma

4.2.1.4 Nursing care:
4.2.1.4.1 Keep patient IV line at least two and CVP
4.2.1.4.2 NGT feeding
4.2.1.4.3 Foley's catheter drain
4.2.1.4.4 Keep pulse oximeter
4.2.1.4.5 Elevate the head
4.2.1.4.6 Hourly body turn and secretions suction
4.2.1.4.7 Keep eye closed and use moist eye drops
4.2.1.4.8 Regular mouth/ oral wash and care
4.2.1.4.9 Skin and wound care
4.2.1.4.10 Clean up stool

4.2.1.5 Cardio vascular care and blood pressure: keep systolic blood pressure (SBP) >100 mm Hg, if SBP <100 mmHg in adult and in pediatric, keep SBP >5th percentile according to age.
4.2.1.5.1 Rule out cardiopulmonary causes like pneumothorax, pulmonary embolism or pulmonary edema.
4.2.1.5.2 If CVP<12 cm H_2O: correct hypovolemia with fluid challenge (5ml/kg in adult, 20ml/kg in child) with or without human albumin 5% 5ml/kg. use vasopressor if challenge failed, including dopamine (the drug of choice start 5 mcg/kg/min) or Dobutamine (start with 5 mcg/kg/min) and last to be tried norepinephrine or epinephrine.
4.2.1.5.3 CVP>12cm H_2O: use vasopressor

4.2.1.6 Urination: keep urine output 80-100ml/hr in adult and in pediatric, keep urine output <4ml/kg/hr, if show oliguria (<50ml/hr) manage according to CVP.
4.2.1.6.1 If CVP is low
4.2.1.6.1.1 Crystalloids 5ml/kg, max 2000 in one hour
4.2.1.6.1.2 NaCl 0.9% or ringer if Na is not high
4.2.1.6.1.3 D5% if Na is high, if CVP is normal, consider colloids
4.2.1.6.2 If CVP elevated, consider furosemide 5-200mg in adult, 1-2 mg/kg in pediatric

4.2.1.7 Oxygen saturation: keep good saturation >90%, prevent hypoxia

4.2.1.8 Temperature: keep normal body temperature
4.2.1.8.1 If hyperthermia (>37.5) treat underlying cause and consider dehydration, SAH, chest and wound infection and do chest X-ray and septic screen and consider antibiotic.
4.2.1.8.2 If hypothermia (<35.5) treat underlying cause and consider warming blanket or light, warm IV fluid or warm ventilation circuit.

4.2.1.9 Sodium: keep sodium balance (135-145mmol/L)
4.2.1.9.1 If hypernatremia (>145mmol/L), treat underlying cause:
4.2.1.9.1.1 Dehydration: treated with dextrose 5%water
4.2.1.9.1.2 Fluid overload: treated with furosemide
4.2.1.9.1.3 Diabetes insipidus: suspected in serum Na> 150mmol/L, serum osmolarity >310, high urine output >7ml/kg/hr with low urine specific gravity: treated with vasopressin 5-10 units SC or IM or drip 1 unit/hour (25 unit/ 250ml D5% at 10 ml/hr rate in adult, in pediatric 5-10 unit orally or drop 0.0001 unit/kg/hr. titrate the dose till urine output <4ml/kg/hr.

4.2.1.9.1.4 If Hyponatremia (<135mmol/L): using normal saline (NaCl 0.9%)

4.2.1.10 Potassium: keep potassium balance (3.5-5.5 mmol/L).

4.2.10.1 If hyperkalemia (>5.5 mmol/L), treat underlying cause and consider using:

4.2.10.1.1 50ml 50% glucose

4.2.10.1.2 CaCl 10% 10ml

4.2.10.1.3 $NaHCO_2$ 1mmol/kg

4.2.10.2 If hypokalemia (>3.5mmol/L) treat underlying cause

4.2.10.2.1 Calculate the deficient

4.2.10.2.2 Then give in rate not faster than 20-30 mmol/ hr in 100ml D5%

4.2.1.11 Acid-base: keep acid base balance

4.2.1.11.1 If metabolic acidosis pH<7.35, use NaHCo3, 1 mmol/kg and support ventilation.

4.2.1.11.2 If metabolic alkalosis pH> 7.45, consider sepsis and correct temperature

4.2.1.12 Resuscitate: if cardiac arrest in potential organ donor

4.3 Family consent for surgery/ procedure will be documented by the physician on call based on SCOT patient consent.

5. MATERIALS AND EQUIPMENT:

5.1 Equipment:

- 5.1.1 Crash Cart with Defibrillator
- 5.1.2 Intubation Set (Laryngoscope and Light)
- 5.1.3 Endotracheal Tubes of Various Size with Stylet
- 5.1.4 Ambu Bag with Mask
- 5.1.5 Cardiac Monitor
- 5.1.6 Oral and Nasopharyngeal Airway
- 5.1.7 Humidified O_2 Delivery System
- 5.1.8 Suction Catheters

5.2 Forms:

- 5.2.1 Consent For Organ Donation
- 5.2.2 Consent For Surgery/ Procedure
- 5.2.3 Family Approach Form
- 5.2.4 EEG Checklist
- 5.2.5 Death Documentation by Function Criteria

6. RESPONSIBILITIES:

- 6.1 Intensivist (Pediatric, Adult, Neonatology)
- 6.2 Anesthesiologist
- 6.3 Pediatrician
- 6.4 Neurologist (Pediatric/Adult)
- 6.5 Neurosurgeon
- 6.6 Medical And Administrative Brain Death Coordinator
- 6.7 EEG Technician
- 6.8 Nursing Staff (PICU, NICU,ICU)
- 6.9 Social Worker

7. APPENDICES:

- 7.1 Fatwa Form
- 7.2 Organ Donation form

8. REFERENCES:

8.1 www.scot.org.sa (hotline: 8001245500).

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Rhodora Natividad	Document Management Control Coordinator		January 05, 2025
Prepared by:	Dr. Shaimaa Bayoumi Emara	Assistant Medical Director for Medical Quality		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 07, 2025
Reviewed by:	Mr. Abdulellah Ayed Al Mutairi	QM&PS Director		January 08, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hazam AlShammari	Hospital Director		January 19, 2025

ملحق رقم(٩)

APPENDIX III
DEATH DOCUMENTATION FORM BY BRAIN FUNCTION CRITERIA

Kingdom of Saudi Arabia
Saudi Health Council

المملكة العربية السعودية
المجلس الصحي السعودي

استمارة تشخيص و توثيق الوفاة باستخدام المعايير الدماغية
Death Documentation Form by Brain Function Criteria

Name: _____ الاسم:

Age: _____ العمر: **Sex:** _____ الجنس: **Nationality:** _____ الجنسية: **BLOOD GROUP:** _____ فصيلة الدم

Hospital: _____ المستشفى: **Date of Admission:** _____ تاريخ الدخول:

FIRST EXAM الفحص الأول	استشاري أول **Consultant A**	استشاري ثاني **Consultant B**
I. PRECONDITIONS: الشروط الأولية		
1. It is absolutely certain that irremediable brain damage has occurred due to		
2. More than six hours have passed since the initial insult.		
3. Coma with no spontaneous respiration.		
II. EXCLUSIONS: أسباب ينبغي استبعادها		
1. Hypothermia (core temperature < 34°C)		
2. Sedation (blood test or hospital record should indicate absence of significant levels of sedative drugs or muscle relaxants).		
3. Untreated cardiovascular shock.		
4. Significant metabolic or endocrine causes of coma.		
III. CLINICAL ASSESSMENT: التقييم السريري للجهاز العصبي		
1. Lack of response to stimulation (Spinal reflexes excepted).		
2. Absence of brain stem reflexes:		
a. Pupils to light		
b. Corneal		
c. Oculocephalic		
d. Oculovestibular (50 ml. of ice-cold water at 0°C in adults, 20 ml. in children)		
e. Gag		
f. Cough		

FIRST EXAM	**Date/التاريخ**	**Time/الوقت**	**Name/الاسم**	**Signature/التوقيع**
Consultant A				
Consultant B				

Confirmatory Test: One of the following tests should be done after the above mentioned criteria are fulfilled : فحوصات تأكيدية

EEG	**Flat [ ]**	**Date:**	**Signature**
Absence of Brain circulation evidenced by either:- **cerebral angiogram [ ]** **-radionuclide angiography [ ]** **-Transcranial doppler [ ]**	**No Flow [ ]**	**Date:**	**Signature**

Note: Recommended time interval between first and second examinations in various age groups

- Adults minimum of 6 hours ** Infants (above 60 days – 1 year) 24 hours
- Children (above one year) 12 hours ** neonate (7 days – 60 days) 48 hours
- One ECG at end of first exam ** Two separated by the mentioned time interval

Kingdom of Saudi Arabia
Saudi Health Council

المملكة العربية السعودية
المجلس الصحي السعودي

إستمارة لتشخيص و توثيق الوفاة باستخدام المعايير الدماغية
Death Documentation Form by Brain Function Criteria

Name: _____ الاسم

Age : _____ العمر Sex: _____ الجنس Nationality : _____ الجنسية BLOOD GROUP: _____ فصيلة الدم

Hospital : _____ المستشفى Date of Admission : _____ تاريخ الدخول

SECOND EXAM	الفحص الثاني	استشاري أول Consultant A	استشاري ثاني Consultant B
I. PRECONDITIONS: الشروط الأولية			
1. It is absolutely certain that irremediable brain damage has occurred due to: _____			
2. Appropriate time have passed between the first and second examination.			
3. Coma with no spontaneous respiration.			
II. EXCLUSIONS: أسباب ينبغي استبعادها			
1. Hypothermia (core temperature < 34°C)			
2. Sedation (blood test or hospital record should indicate absence of significant levels of sedative drugs or muscle relaxants).			
3. Untreated cardiovascular shock.			
4. Significant metabolic or endocrine causes of coma.			
III. CLINICAL ASSESSMENT: التقييم السريري للجهاز العصبي			
1. Lack of response to stimulation (Spinal reflexes excepted).			
2. Absence of brain stem reflexes:			
a. Pupils to light			
b. Corneal			
c. Oculocephalic			
d. Oculovestibular (50 ml. of ice-cold water at 0°C in adults, 20 ml. in children)			
e. Gag			
f. Cough			

IV. **APNEA TEST** (Body temperature ≥ 36.5°C) Performed as per Saudi Protocol and is compatible with death by brain function criteria. YES ☐

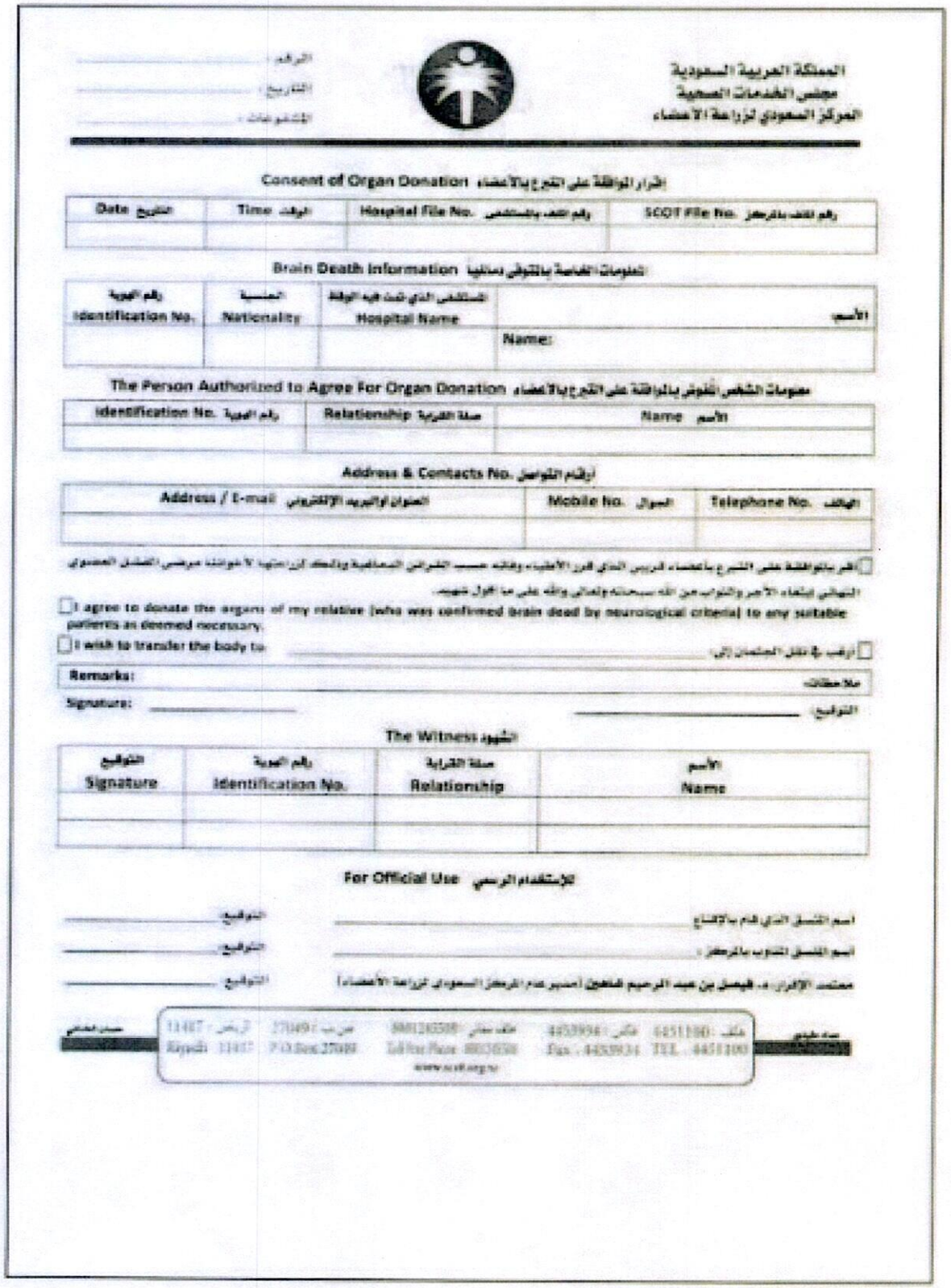
	Date/التاريخ	Time/وقت	Name/الاسم	Signature/التوقيع
Consultant A				
Consultant B				
Hospital Director or Deputy				

Seal of the Hospital ختم المستشفى

Note: After completion of the Death Documentation form, please fax to Saudi Center for Organ Transplantation P.O. Box 27049, Riyadh 11417, K.S.A. Tel: 011 4451100 – Toll Free Phone: 8001245500, Fax: 011 4453934

٩٨

ملحق رقم ١٠



المملكة العربية السعودية
مجلس الخدمات الصحية
المركز السعودي لزراعة الأعضاء

الرقم :
التاريخ :
المشفوعات :

Consent of Organ Donation إقرار الموافقة على التبرع بالأعضاء

Date التاريخ	Time الوقت	Hospital File No. رقم الملف بالمستشفى	SCOT File No. رقم الملف بالمركز

Brain Death Information المعلومات الخاصة بالمتوفى دماغيا

رقم الهوية Identification No.	الجنسية Nationality	المستشفى الذي تمت فيه الوفاة Hospital Name	الأسم
			Name:

The Person Authorized to Agree For Organ Donation معلومات الشخص المفوض بالموافقة على التبرع بالأعضاء

Identification No. رقم الهوية	Relationship صلة القرابة	Name الأسم

Address & Contacts No. أرقام التواصل

Address / E-mail العنوان أو البريد الإلكتروني	Mobile No. الجوال	Telephone No. الهاتف

☐ أقر بالموافقة على التبرع بأعضاء قريبي الذي قرر الأطباء وفاته حسب المعايير السعودية وذلك ابتغاء مرضاة الله سبحانه وتعالى

☐ I agree to donate the organs of my relative (who was confirmed brain dead by neurological criteria) to any suitable patients as deemed necessary.

☐ I wish to transfer the body to: ☐ أرغب في نقل المتوفى إلى:

Remarks: ملاحظات:

Signature: التوقيع:

The Witness الشهود

التوقيع Signature	رقم الهوية Identification No.	صلة القرابة Relationship	الأسم Name

For Official Use للإستخدام الرسمي

اسم الفنى الذي قام بالإستلام: التوقيع:

اسم الفنى المنوب بالمركز: التوقيع:

معتمد الإقرار: د. فيصل بن عبد الرحيم الناظر (مدير عام المركز السعودي لزراعة الأعضاء) التوقيع:

حي الخالدية ص.ب 27049 الرياض 11417
Khalidiyah P.O.Box 27049 Riyadh 11417
هاتف مجاني 8001245555 Toll Free Phone 8001245555
فاكس 4453934 Fax 4453934 تلفاكس 4451100 TEL 4451100
www.scot.org.sa

المركز السعودي لزراعة الأعضاء
Saudi Center for Organ Transplantation

DEATH DECLARATION
BY BRAIN FUNCTION CRITERIA

ORGAN DONATION
A GIFT FOR LIFE

Clinical Triggers

Refer all severe brain damage regardless of age or diagnosis to Saudi Center for Organ Transplantation (SCOT).

Clinical signs to refer a Possible Organ Donor:

- **Any ventilator dependent, unresponsive patients with a possibility to progress to irreversible Brain Damage after more than 6 hours have passed since the initial insult.**

AND

- **Clinical findings consistent with GCS ≤ 5**

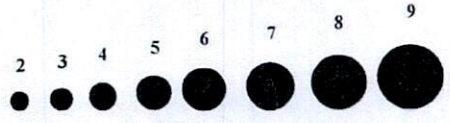
OR

- **Absence of 2 or more brain stem reflexes**
  - *** no pupillary response**
  - *** no corneals**
  - *** no ice water calorics**
  - *** no doll's eyes**
  - *** no gag/cough**
  - *** not triggering the ventilator**
  - *** no motor response**

OR

- **Family mentions or asks about organ and tissue donation.**

Pupil Gauge (mm)



****

Brain Stem Reflex Testing

Pupils

No Response to bright light. Size:
Midposition (4 mm) to dilated (9 mm).

Ocular Movement

No oculocephalic reflex. No deviation of eyes to irrigation in each ear with 50 ml of cold water (allow 1 minute after injection and ≥ 5 minutes between testing on each side).

Facial Motor Response and Sensation

No jaw reflex. No grimacing to deep pressure on nail bed, supraorbital ridge, or temporomandibular joint. No corneal reflex to touch with swab.

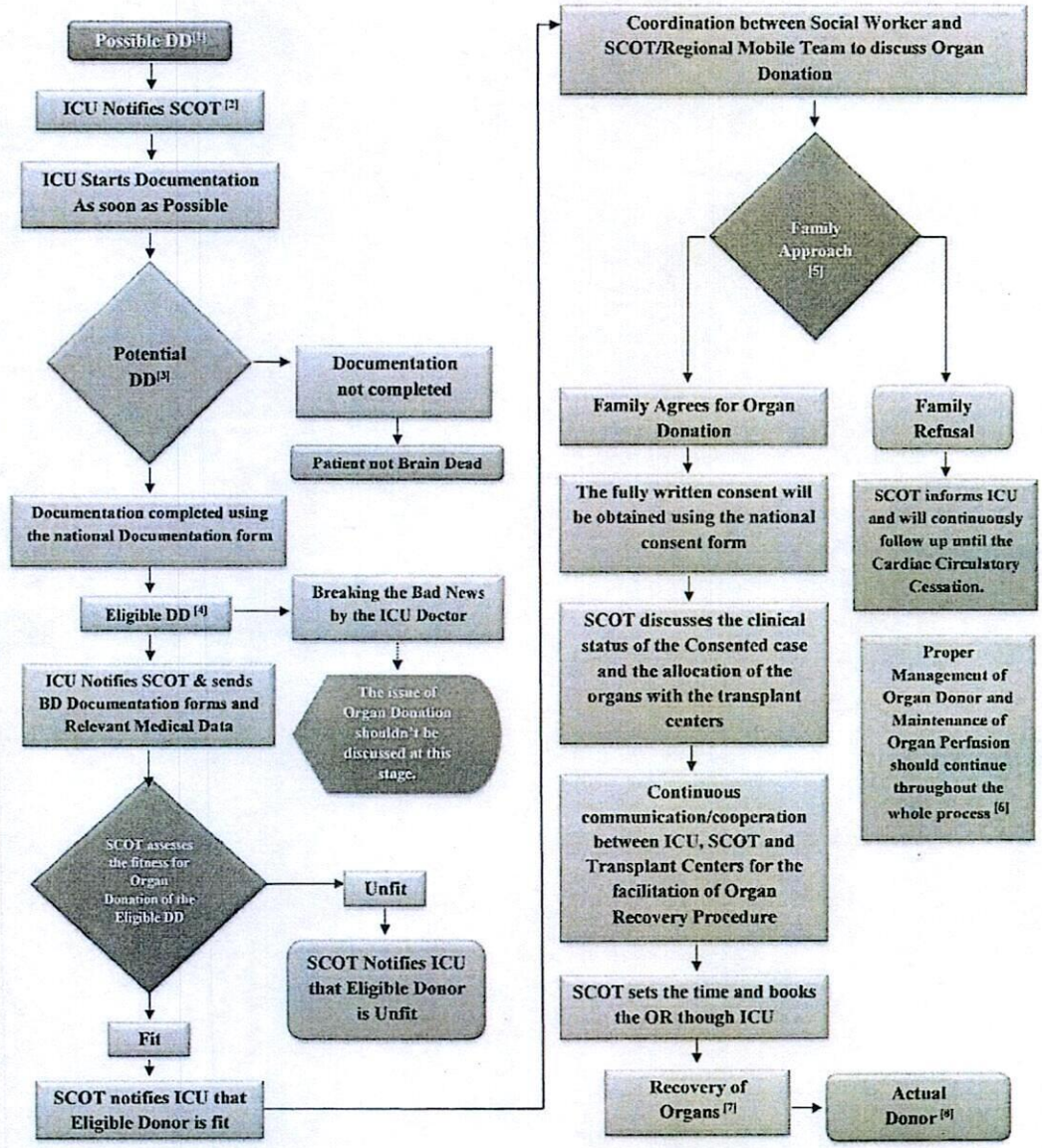
Pharyngeal and Tracheal Reflexes

No response after stimulation of the posterior pharynx with tongue blade. No cough response or bradyarrythmia to bronchial suctioning.

Glasgow Coma Scale

EYES	Open	Spontaneously	4
		To verbal stimuli	3
		To pain	2
		No response	1
BEST MOTOR RESPONSE	To verbal command	Obeys	6
	To painful stimulus	Localizes pain	5
		Semi-purposeful	4
		Decorticates	3
		Decerebrates	2
		No response	1
BEST VERBAL RESPONSE		Oriented and converses	5
		Disoriented and converses	4
		Inappropriate words	3
		Incomprehensible sounds	2
		No response	1
Total			3-15

Algorithm for Dealing with Possible Deceased Donor (DD)



[1] Possible Deceased Donor-A patient with a devastating brain injury or lesion OR a patient with a circulatory failure AND apparently medically suitable for organ donation.

[2] SCOT-Saudi Center for Organ Transplantation

[3] Potential Deceased Donor-A patient whose clinical condition is suspected to fulfill brain death criteria.

[4] Eligible Deceased Donor-A Medically suitable patient who has been declared dead based on neurologic criteria as stipulated by the law of the relevant jurisdiction.

[5] Family Approach-Coordination between the Social Worker of the Hospital with the administrative coordinator in SCOT and/or the regional mobile team to meet the family of the eligible deceased donor for offering the option of Organ Donation.

[6] Continuous update of the medical condition of the deceased organ donor should be done by the medical coordinator in SCOT. Several calls to the ICUs of the donating hospital are to be expected. This helps the involved transplant center of making decisions about the acceptance and the timing of the harvesting of organs.

[7] Death Certificate of the actual deceased donor should be issued only in the hospital where the harvesting was performed.

[8] Actual Donor-A Consented eligible donor. In whom an operative incision was made with the intent of organ recovery for the purpose of transplantation. From whom at least one organ was recovered for the purpose of transplantation.

Reference: Directory of the Regulations of Organ Transplantation in the Kingdom of Saudi Arabia
Critical Pathways for Organ Donation (Transplant International © 2011 European Society for Organ Transplantation 24 (2011) 373-378)

Riyadh: 11417 P.O. Box: 27049 Toll Free Phone: 800 124 5500
Tel: 11 445 1100 Fax: 11 445 3934 www.scot.gov.sa

1 مهام المنسق الطبي في المستشفى المتبرع:

التعرف على كافة الحالات المشتبهة للوفيات الدماغية في العنايات المركزة وتبليغها إلى إدارة المركز السعودي لزراعة الأعضاء.

1. المساعدة في إنهاء إجراءات تشخيص الوفاة الدماغية بناءً على البروتوكول الوطني المعمول به خلال أقصر فترة زمنية ممكنة
2. تقديم الرعاية الطبية المثلى للمحافظة على تروية الأعضاء الحيوية لحالات الوفيات الدماغية.
3. التأكد من إبلاغ أهل المريض بوجود وفاة دماغية لمريضهم فور تشخيص الحالة كوفاة دماغية نظاماً.
4. المساعدة في تسهيل إجراءات إستئصال الأعضاء بالتنسيق مع المنسق الإداري والمكتب الإقليمي والمركز السعودي لزراعة الأعضاء.
5. تقديم المشورة والتواصل مع كافة زملائه في العناية المركزة وتوفير حلقة وصل مابين العناية المركزة والمركز السعودي لزراعة الأعضاء.

2 – مهام المنسق الإداري في المستشفى المتبرع:

1. جمع المعلومات الخاصة بهوية المريض وعائلته وظروف عمله بالتنسيق مع المنسق الطبي بالعناية المركزة.
2. مقابلة أهل المتوفى لعرض موضوع التبرع بالأعضاء بعد الوفاة والتحضير لذلك بالتنسيق مع المنسق الطبي والمكتب الإقليمي والمركز السعودي لزراعة الأعضاء.
3. متابعة إجراءات مابعد إستئصال الأعضاء وتقديم الدعم المعنوي لعائلة المتوفى بالتنسيق مع المنسق الطبي والمكتب الإقليمي والمركز السعودي لزراعة الأعضاء.

Hospital Donor Medical Coordinator (H - DMC)

1. Identification of Possible Donors Based on Saudi National Protocol
2. Facilitate Brain Death Documentation Process
3. Optimal Donor Management in ICU
4. Breaking Bad News to The Family About Brain Death Declaration
5. Facilitate Recovery Procedures in Coordination with SCOT and RCO
6. Establish a Link Between SCOT And Other ICU Staff

Hospital donor Administrative Coordinator (H - DAC)

1. Collecting all donors Personal in formations (ID, Occupation, etc.)
2. Approaching donor families regarding organ donation in Coordination with SCOT and RCO.

Follow up post donation care and providing support to donors' families in Coordination with SCOT and RCO.

Ministerial Resolution
No. 130125 Dated 14/21/1438H

The Minister of Health
According to his prerogative,

Based on the Council of Minister resolution no. 38 dated 26/01/1434H regarding the approval of the Saudi Center for Organ Transplantation Organization and assigning the center to prepare a general project for organ transplant program and take the action towards its application according to statutory procedures.

Based on the recommendation of the 71th meeting of the Saudi Health Council dated 07/05/1437H to support the program and find suitable solution to the obstacles which it faces.

Based on requirements of work interest.

1. Adopt assignment of medical and administrative coordinator in each of accredited hospital from SCOT with the specified duties enclosed within the resolution.
2. Medical coordinator will be an ICU physician; either specialists or consultant highly qualified to be the supervisor and responsible to follow up the program inside the hospital.
3. Administrative coordinator will be a specialist in social services department or patient relationship or religious affairs department and should be of a suitable and high qualification to be the responsible of administrative and social aspects of the program.
4. This resolution will be reported to whom it may concern to implement:
5. Copy to his Excellency, the Minister of Education
6. Copy to his Excellency, Deputy Minister of Health for Health Affairs
7. Copy to his Excellency, Deputy Minister of Health for Planning and Development
8. Copy to his Excellency, General Executive Director of Health Affairs in National Guard
9. Copy to his Excellency, General Executive Supervisor of King Faisal Specialist Hospital and Research Center.
10. Copy to his Excellency, General Director of the Health Service of General Administration in the Ministry of Defense
11. Copy to his Excellency, General Director of the Health Service of General Administration in the Ministry of Interior
12. Copy to his Excellency, General Secretariat of the Saudi Health Council
13. Copy to his Excellency, Deputy Ministry of Therapeutic Services
14. Copy to his Excellency, Deputy Minister of the Human Resources
15. Copy to his Excellency, Councilor of the Deputy Minister of Health Supervising Private Health Sector
16. Copy to his Excellency, Secretary General of the Board of Directors of Medical Cities and Specialized Hospitals
17. Original to General Director of Saudi Center for Organ Transplantation for Implementation.

Minister of Health
President of Saudi Health Council

Tawfiq bin Fawzan Al Rabiah

المملكة العربية السعودية
مجلس الخدمات الصحية

Kingdom of Saudi Arabia
Council of Health Services

((تعميم هام))

معالي المدير العام التنفيذي للشؤون الصحية بالحرس الوطني الموقر
معالي المشرف العام التنفيذي للمؤسسة العامة لمستشفى الملك فيصل التخصصي
ومركز الأبحاث الموقر
معالي نائب وزير التعليم العالي الموقر
سعادة وكيل وزارة الصحة للشؤون التنفيذية الموقر
سعادة مدير عام الإدارة العامة للخدمات الطبية للقوات المسلحة الموقر
سعادة مدير عام برنامج مستشفى قوى الأمن الموقر

السلام عليكم ورحمة الله وبركاته

نظراً لأهمية دعم البرنامج الوطني للتبرع بالأعضاء وزراعتها وذلك للزيادة الكبيرة لأعداد المرضى في قوائم الإنتظار للزراعة وما ينتج عنه من أعباء صحية واجتماعية على المرضى ومادية على كاهل القطاعات الصحية المختلفة آمل تعميد العاملين في المستشفيات التابعة لقطاعكم وخصوصاً العاملين في أقسام العناية المركزة وأقسام الطوارئ وأقسام المخ والأعصاب والإدارات ذات العلاقة بالتعاون مع المركز السعودي لزراعة الأعضاء مع إيلاء إدارة كل مستشفى الإهتمام بما يلي :-

١- التبليغ المبكر عن حالات الوفاة الدماغية للمركز السعودي لزراعة الأعضاء وإعتبار ذلك من صميم مهام أطباء العناية المركزة والأقسام المعنية الأخرى .

٢- دعم برنامج التبرع بالأعضاء في المستشفى ووضع الخطة المناسبة مع المركز السعودي لزراعة الأعضاء للإستفادة المثلى من حالات التبرع بالأعضاء بعد الوفاة . وتذليل العقبات التي قد تواجهها .

٣- تسهيل التواصل الدوري للمنسقين الطبيين والإداريين المكلفين في المستشفيات مع أقسام العناية المركزة والطوارئ والأقسام ذات العلاقة فيما يخص برنامج التبرع بالأعضاء وزراعتها .

وتقبلوا خالص تحياتي ...

وزير الصحة
رئيس مجلس الخدمات الصحية

د. عبد الله بن عبد العزيز الربيعة

Ref: 328025/11
Date: 17/12/1432H
13/11/2011G

Important Memo

His Excellency the Director of the National Guard Health Affairs

His Excellency the Executive Administrator of the General Organization
King Faisal Specialist Hospital and Research Center

Deputy Minister of Higher Education

His Excellency Deputy Minister for Executive Affairs

His Excellency Director General of Medical Services of the Armed Forces

Director General of Security Forces Hospital Program

Due to the importance of supporting the national program for organ donation and transplantation and the large increase in the number of patients on waiting lists for transplantation and the resulting health and social burden on the patients and financial burden on different health sectors , I appeal to the staff in all hospitals and especially those in the intensive care units, emergency departments, neurology and neurosurgical departments, and all relevant departments to cooperate with the **Saudi Center for Organ Transplantation** of the administration of each hospital to fulfill the following:

1. **Early Notification** of cases of brain death to Saudi Center for Organ Transplantation and considering that as the core tasks of intensive care physicians and other relevant departments.
2. **Support** for organ donation in the hospital and put the appropriate plan with the Saudi Center for Organ Transplantation for optimizing cases of organ donation after death and overcome the obstacles faced by.
3. **Facilitate continuous communication** of medical and administrator coordinators inside the hospitals with intensive care units and emergency departments and relevant departments with respect to the organ donation and transplantation program.

DR. ABDULLAH BIN ABDELAZIZ AL RABEEAH
Minister of Health
Chairman of the Health Services Council