

Organ Donor Management Goals

Maintain MAP > 65

Rehydrate with crystalloids to maintain CVP 2 - 6. May use vasopressors to maintain MAP > 65

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

PaO₂ > 100

Increase FIO₂ to adequately maintain a PaO₂ > 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 PaO₂ levels.

Treat Excessive Urinary Output / Diabetes Insipidus

Judiciously rehydrate matching hourly output cc/cc with IV fluid infusion maintaining CVP 2-6mm/Hg.

May start vasopressin 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%