Living Donor Pre-Recovery Verification

Donor entered OR: Date: _____ Time: _____

***Prior to the induction of general anesthesia*:**

I have verified the organ: ☐**KI -** _ R /_L ☐ **LI** ☐**LU -** _R / _ L

I have verified the OPTN/UNOS *Donor* ID is _____ I have verified the *donor* ABO is _____

I have verified the *recipient* identifier is _____ I have verified the *recipient* ABO is _____

I have verified that the donor and recipient blood types are ☐compatible or ☐intended incompatible

I have verified that this organ is intended for this recipient

---

Verification Date: _____ Time: _____

(Check if applicable)

☐ **I am also documenting the visual verification by the recovering surgeon _____**
(Surgeon's name)

Licensed healthcare professional (printed name): _____

Licensed healthcare professional (signature): _____ Date: _____ Time: _____

(Check one)

☐ **I completed the verification in real time *or*** ☐ **I completed the visual verification documented above**

Recovery surgeon (printed name): _____

Recovery surgeon (signature): _____ Date: _____ Time: _____

Induction of general anesthesia: Date: _____ Time: _____

Initial donor incision: Date: _____ Time: _____

This template contains elements typically reviewed as part of CMS and OPTN routine survey activities of transplant hospitals. It is not a CMS or OPTN requirement and use does not guarantee an assessment of compliance with OPTN or CMS requirements upon site survey. This tool may be used "as is" as a documentation form, or it can be customized to guide the development of center-specific processes or tools.

Living Donor Pre-Recovery Verification

CMS and the OPTN contractor cooperatively developed this template tool. Transplant hospitals can use it to develop processes and protocols for the documentation of compliance with OPTN and CMS requirements for verification of correct organ for the correct recipient, and verification that blood type and other vital data are compatible with transplantation of the intended candidate immediately before removal of the living donor's organ(s), and, if applicable, prior to removal of the recipient's organ(s). The template contains CMS and OPTN-required elements for documentation of these key processes.

Pertinent Policy and Regulation

OPTN Policy 14.7 Living Donor Pre-Recovery Verification

Recovery hospitals must develop and comply with a written protocol to perform pre-recovery verifications as required below.

The recovery hospital must conduct a pre-recovery verification that meets *all* of the following requirements:

1. The verification must occur prior to the induction of general anesthesia on the day of the living donor recovery.
2. Recovery hospitals must use at least one of the acceptable sources during the pre-recovery verification to verify all of the following information according to Table 14-11 below. Recovery hospitals may use the OPTN organ tracking system for assistance in completing these verifications

Table 14.11: Pre-Recovery Verification Requirements

The recovery hospital must verify *all* of the following information:	Using at least *one* of the following:	By *both* of the following individuals:
Donor ID	• Donor identification band containing the donor ID • Donor identification band and OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Organ type and laterality (if applicable)	• OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Donor blood type and subtype (if used for ensuring transplant compatibility or allocation)	• Donor blood type and subtype source documents	1. Recovery surgeon 2. Licensed health care professional
Intended recipient unique identifier	• Recipient medical record • OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Intended recipient blood type	• Recipient medical record • OPTN computer system	1. Recovery surgeon 2. Licensed health care professional
Donor and intended recipient are blood type compatible (or intended incompatible).	• OPTN computer system • Recipient medical record • Attestation following verification of donor and recipient blood types	1. Recovery surgeon 2. Licensed health care professional
Correct donor organ has been identified for the correct intended recipient	• Donor medical record • OPTN computer system • Attestation following verification of donor ID, organ, and recipient unique identifier	1. Recovery surgeon 2. Licensed health care professional

The recovery hospital must document that the verification was completed according to the hospital's protocol and the above requirements.

CMS 42 CFR §482.92(b)

If a center performs living donor transplants, the transplanting surgeon and another licensed health care professional at the center must verify that the living donor's blood type and other vital data are compatible with transplantation of the intended beneficiary immediately before the removal of the donor organ(s) and, if applicable, prior to the removal of the recipient's organ(s).

Publish date: 5/24/2017