

## Routine Notification Worksheet (Call Screen Connect)

Trillium Gift of Life Network (TGLN)

**Call TGLN at 1-877-363-8456 or 416-363-4438.**

**Ventilated Units** call for **all patients** regardless of age       **Non Ventilated Units** call for patients **79 yrs. and under only**

<p style="text-align: center;"><b>Complete prior to calling &amp; have the patient chart available</b></p> <p>1. Unit Telephone #: _____ Unit Fax #: _____</p> <p>2. Name of patient: _____</p> <p>3. Date of Birth: DD ____ MM ____ YY ____</p> <p>4. Gender: Female ____ Male ____</p> <p>5. Hospital Record Number (MRN): _____</p> <p>6. Ontario Health Number: _____ Version Code: _____</p> <p>7. Is the patient ventilated? Yes ____ No ____ (If yes, the call will be transferred to a Coordinator to assess for organ donation potential)</p> <p style="text-align: center;">TGLN number: <input style="width: 150px; height: 25px;" type="text"/> Document in patient's chart</p> <p>8. Date/Time of Death: DD ____ MM ____ YY ____ HH ____</p> <p>9. Clinical history - Use the sidebar on the right to indicate a positive history of any of the conditions listed or <input type="checkbox"/> no history known.</p> <p>10. Suspected cause of death (e.g. CVA): _____</p> <p>11. Mechanism of death (e.g. MVC): _____</p> <p>12. Date of Entry/Admission to hospital: DD ____ MM ____ YY ____ HH ____</p> <p>13. Intubation Date &amp; Time (if applicable): DD ____ MM ____ YY ____ HH ____</p> <p>14. Extubation Date &amp; Time (if applicable): DD ____ MM ____ YY ____ HH ____</p> <p>15. NOK Name: _____ Relationship: _____</p> <p>Cell #: _____ Home #: _____</p> <p>Other #: _____</p>	<p style="text-align: center; font-size: small;">Eligibility assessed on a case-by-case basis</p> <p><b>Note any of the following:</b></p> <p><input type="checkbox"/> HIV</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> MRSA (current)</p> <p><input type="checkbox"/> VRE (current)</p> <p><input type="checkbox"/> C. Diff (current)</p> <p><input type="checkbox"/> ESBL</p> <p><input type="checkbox"/> CJD (Mad cow)</p> <p><input type="checkbox"/> Rabies</p> <p><input type="checkbox"/> TB</p> <p><input type="checkbox"/> Alzheimer's</p> <p><input type="checkbox"/> Parkinson's</p> <p><input type="checkbox"/> ALS</p> <p><input type="checkbox"/> MS</p> <p><input type="checkbox"/> Leukemia</p> <p><input type="checkbox"/> Lymphoma</p> <p><input type="checkbox"/> Documented Sepsis</p> <p><input type="checkbox"/> Isolation precautions</p>
<p><b>After conversation with TGLN the patient is:</b></p> <p><input type="checkbox"/> <b>Ventilated Patient</b> – Please see reverse</p> <p><input type="checkbox"/> <b>Not Eligible for Organ or Tissue Donation</b> – no further call required</p> <p><input type="checkbox"/> <b>Eligible for Tissue Donation</b> – call back required at time of death</p> <p><input type="checkbox"/> <b>Eligible for Tissue Donation HOLD THE BODY</b> form faxed to: _____</p>	

Call Initiated by: \_\_\_\_\_ RN, RPN, RN (EC), RT, or MD  
Print name/Signature

**TGLN was notified after this patient met the GIFT criteria  
as a potential organ donor (for ventilated patients only)**

**This patient is:**

- NOT** a candidate for organ donation. Please contact TGLN at the time of death to further screen for potential tissue donation (eyes, skin, bones and heart valves).
- NOT** a candidate for organ donation unless the patient becomes declarable. Please contact TGLN if the patient's neurological status changes (i.e. loss of reflexes).
- A **POTENTIAL** candidate for **organ donation**. Thank you for **not** discussing donation with the family.

**Please contact TGLN:**

- **Prior to the physician discussing withdrawal of life support with the family or if withdrawal of life support is to take place**
- **The physician order is DNR or not to escalate care**
- **The patient becomes hemodynamically unstable**
- **Brain death (NDD) testing is anticipated or planned**
- **If the family brings up donation**

**The following recommendations are proposed to help maintain the opportunity for organ donation:**

- Maintain a systolic blood pressure greater than or equal to 100 mm Hg with fluids and inotropes as required
- Maintain an O<sub>2</sub> saturation greater than or equal to 95% (unless contraindicated)
- Monitor and replace urine output with crystalloids
- Monitor and treat electrolyte imbalances
- Treat diabetes insipidus as per hospital protocol
- Other

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**Language to Connect families with TGLN (for reference only)**

**Possibility 1 – Guide Family through End-of-Life**

When families ask "What do we do now?"

*"One of the next steps for families is to speak with a Coordinator to help with some of the decisions that you will be making. We can arrange that now or in a little while, before you leave the hospital."*

**OR**

**Possibility 2 – Normalizing**

*"As part of end-of-life care and to help with some of the decisions that need to be made, we arrange for families to speak with a Coordinator on the phone. We can do that in a few minutes or before you leave the hospital."*

**When the family asks about organ and tissue donation:**

*"We'll be calling Trillium Gift of Life Network to determine if there is the opportunity to donate. They will be available to speak with you about donation".*

**Thank you for your notification. When appropriate, TGLN will speak with the family.**