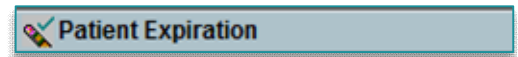**New England Donor Services (NEDS) receives asystolic and heartbeating referrals through the utilization of Interactive View and I&O. This streamlines documentation and improves the timely asystolic referral rate, while decreasing the number of missed heartbeating referrals.**
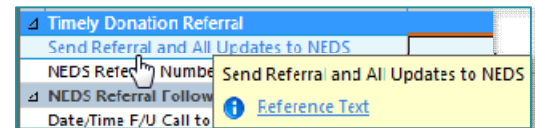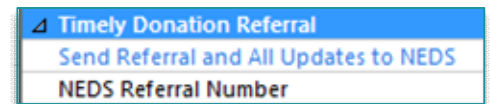
Patient Expiration in iView

Documentation of patient death occurs within **iView** in the **Patient Expiration** band.

➢ **Timely Donation Referral**

- Send Referral and All Updates to NEDS.

    ▪ Selecting, **Yes, heart beating referral** or **Yes, asystolic referral** sends an automated referral to New England Donor Services (NEDS).

    ▪ Within 15 minutes of documenting **Send Referral and All Updates to NEDS**, a phone call must be made to NEDS to confirm receipt of the referral and to determine a plan (**800-446-6362**). The call is made after the initial referral is sent.

    ▪ For the phone number and additional information, click directly on the **Send Referral and All Updates to NEDS** for **Reference Text**.

    ▪ For heartbeating referral patients, if asystole occurs, a **second call to NEDS** is placed to determine the potential for tissue donation.

NOTE:	Click the blue hyperlink to view Reference Text for the NEDS contact information.

    ▪ When documentation is updated within the **Patient Expiration** band, **Send Referral and All Updates to NEDS** must be redocumented for NEDS to receive electronic updates.

NOTE:	Redocumentation of Send Referral and All Updates to NEDS will not change your NEDS referral number.

➢ **Heartbeat Referral Triggers**

- Refer any ventilated patient who has suffered a non-recoverable injury or condition.

- Refer upon initiation of therapeutic hypothermia/TTM.

- Refer prior to discussion of DNR.

- Refer prior to anticipated end of life discussion or de-escalation of care or terminal extubation.

- Refer prior to initiation of brain death testing.

- Refer if patient is on comfort measures only.

➢ NEDS Referral Number

- The **NEDS Referral Number** auto-populates in the **Referral Number** box.

  ▪ Nursing may need to click the **minutes ago** button to populate the referral number.

  ▪ If the NEDS Referral Number doesn't populate, redocument **Send Referral and All Updates to NEDS**.

  ▪ A referral number populates after the first referral is sent. (This populates only once.)
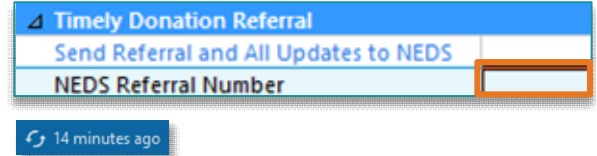
➢ Fetal Demise

- Document **Gestational Age**.

- Document **Birth Type**.

- Document **Cytogenetics**.

  ▪ If **Yes** is selected, document **Requisition completed**, **Insurance form**, or **Appropriate label** used.
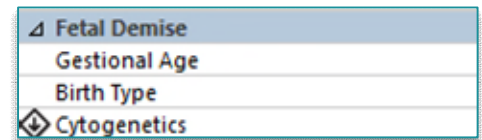
> **NOTE:** Women's Health Nursing will continue to utilize Fetal Demise iView documentation, *in addition* to documentation within the Patient Expiration iView Band, which has replaced the Expiration Record Adhoc form.

➢ NEDS Fetal Demise Considerations

- Do **NOT** call NEDS if Fetal death is less than 36 weeks gestation and/or less than 6 pounds without heartbeat or breath taken at time of delivery.

- All cases greater than 36 weeks gestation with/without a heartbeat or breath at time of delivery **MUST** be reported to NEDS.

- Any gestational age where there was a heartbeat and/or breath **present** at the time of delivery **MUST** be reported to NEDS.

- All Anencephalic cases greater than 36 weeks **MUST** be reported to NEDS.

  ▪ NEDS may lower the required birth weight in considering these cases.

➢ NEDS Referral Follow-up and Plan

- Document the **Date/Time** of the follow-up call with NEDS staff.

- Document the **Name** of the NEDS staff member in contact with.
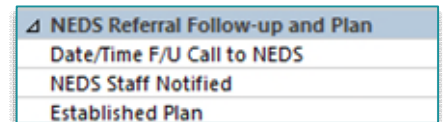
- Select the appropriate responses for the **Established Plan**.

➢ **Death Notification**

- Document of **Date/Time of Death**.

- Document the **Preliminary Cause of Death**.

- Document **Pronounced by**.

- Select appropriate responses for **Notifications of Death**.

  ▪ If trauma or drugs were involved (accidental or intentional), please notify the Medical Examiner. If the death is not related to these situations, Medical Examiner notification is not needed. Please refer to System Policy 21-005. The Medical Examiner phone number is 800-870-8744.

  ▪ Based on **Notifications of Death** documentation, additional fields will open and should be documented as appropriate.
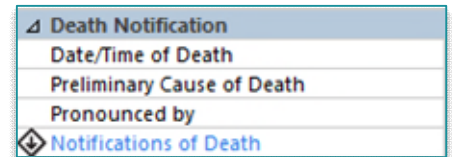
➢ **Mandatory Restraint Reporting**

- Document if **Restraints** were used prior to death.

  ▪ **Reasonable to assume** includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or death related to chest compressions, restrictions of breathing, or asphyxiation.

- Document if this was a **COVID-19 Associated Death**.
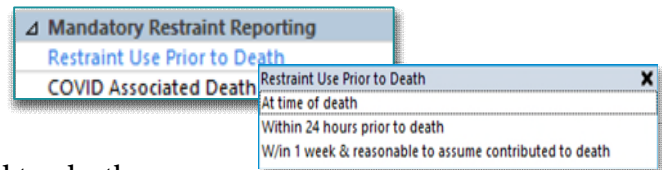
➢ **Autopsy**

- Select if an autopsy has been completed or requested.

- Document if autopsy consent was signed.

  ▪ The consent must be obtained by physician from the next of kin.

  ▪ If family is requesting an autopsy and it is not a Medical Examiner case, inform family of their personal responsibility for payment and transportation expense.

- Document if drains and invasive lines are in place.
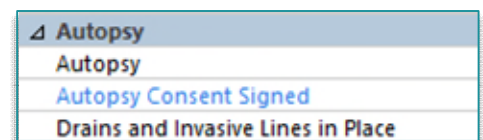
➢ **Disposition**

- Document **Name of Funeral Home** and phone number.

- Document **Belongings**.

  ▪ If selected, document who the belongings were sent home with and location where belongings are being held.

- Document **Body Transported**.
  - Document the Date/Time the body left department.

Information Received Electronically By NEDS

➢ The following information will automatically go to NEDS once **Send Referral and All Updates to NEDS** is documented:

- Hospital name and address, nursing unit, and nursing unit phone number.

- Admission date and time.

- Name of nurse documenting the referral.

- Patient demographics.

- Type of referral (heartbeating or asystolic), admitting diagnosis, weight, B/P, Heart rate, date/time of intubation and extubation.

- Date/time of death, cause of death, problem list.

NOTE: **For information on iView band setup, please refer to this flyer.**

Downtime Procedure

➢ In the event of a patient death during a downtime, a phone call **MUST** be made to NEDS (800-446-6362) for referrals and for any subsequent follow ups.

➢ **Downtime Form Expiration Record** is to be utilized in the event of a patient death during a downtime. This form can be found in the NLH Forms Repository under Northern Light Health.

NOTE: **The Downtime Tool boxes will need to be updated with the new version of the Expiration Record form.**