Form 2: Pre-conversation action plan

2.1 **Date:** __ | __ | __ | __ | __ | __ | __ | __ | __ | __ (dd/mm/yyyy)  
**Start time:** __ | __ | __ | __ | __ | __ | __ | __ | __ | __ 24 hr

2.2 **Participants: health professionals**  
- [ ] MD: Intensivist (not managing the patient)  
- [ ] MD: Intensivist (managing the patient)  
- [ ] RN: Donation Specialist Nurse  
- [ ] MD: Registrar (ICU)  
- [ ] RN: allocated care of patient today  
- [ ] MD: Resident (ICU)  
- [ ] RN: other________________________  
- [ ] SW: Social Worker  
- [ ] Other, specify:____________________  
- [ ] Interpreter, language:__________________  
- [ ] Designated requester (if not working in designation above)

2.3 **Who will lead the conversation today**  
- [ ] RN: Donation Specialist Nurse  
- [ ] MD: Intensivist (managing the patient)  
- [ ] Other, specify:____________________  
- [ ] Designated requester

2.4 **News of brain death or inevitability of death delivered to the family**  
**Date:** __ | __ | __ | __ | __ | __ | __ | __ | __ | __ (dd/mm/yyyy)  
**Time:** __ | __ | __ | __ | __ | __ | __ | __ | __ | __ 24 hr

2.5 **Was organ donation raised with the family before this planning meeting?**  
- [ ] Yes, the family raised it  
- [ ] Yes, the managing team raised it  
- [ ] No

2.6 **If yes to 2.5, who discussed organ donation with them?**  
- [ ] Designation:________________________

2.7 **Topics of planning discussion**  
Please tick ☑ all that apply  
- [ ] Planned date and time of the donation conversation?  
- [ ] Goals of this conversation?  
- [ ] Who should be present from the managing team?  
- [ ] Roles for participants in the donation conversation?  
- [ ] Identity of the lead decision maker/senior next of kin?  
- [ ] The patient’s medical history and events in the hospital?  
- [ ] Status of next of kin in acceptance of death or inevitability of death?  
- [ ] Everyone here who should be for the next of kin?  
- [ ] Any conflict experienced within the family?  
- [ ] Any conflict experienced between family and treating team?  
- [ ] Current emotional capacity of the next of kin i.e level of coping?  
- [ ] Next of kin’s questions about medical treatment clearly answered?  
- [ ] Next of kin’s physical needs attended (food, fluid, hygiene)?  
- [ ] Other available support for next of kin?  
- [ ] Other, specify:____________________

2.8 **Pre-conversation action plan did not occur**

2.9 **Donation Specialist Nurse introduced to the family**  
**Date:** __ | __ | __ | __ | __ | __ | __ | __ | __ | __ (dd/mm/yyyy)  
**Time:** __ | __ | __ | __ | __ | __ | __ | __ | __ | __ 24 hr
# Form 3: Meeting for the family donation conversation

**Part A: First meeting (to be completed with health professionals who attended this meeting)**

### 3.1 Date

<table>
<thead>
<tr>
<th>Start time:</th>
<th>Stop time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

Start time: ____ | ____ : ____ |

Stop time: ____ | ____ : ____ |

**3.2 Location**

- [ ] Patient’s bedside
- [ ] Private room set aside for meetings
- [ ] Other, specify: __________________

**3.3 Who led the conversation**

- [ ] RN: Donation Specialist Nurse
- [ ] MD: Intensivist (managing the patient)
- [ ] Other, specify: __________________

**3.4 Transparent introduction of the requester (by the managing team)**

- [ ] Yes, stated works in organ donation
- [ ] No, blinded with role stated in general terms
- [ ] NA, designated requester not introduced

**3.5 Time the managing intensivist left before the meeting closed**

Complete one of Y, N or NA

- [ ] Yes, left the meeting at time: ____ | ____ : ____ |

- [ ] No, did not leave because:
  - [ ] Also a designated requester (DR)
  - [ ] Led the meeting because a DR was unavailable
  - [ ] Stayed to answer clinical management questions
  - [ ] Stayed to observe the method of communication or to mentor a DR
  - [ ] Specify other reason for staying: __________________

- [ ] NA, the managing intensivist did not attend this meeting.

**3.6 Topics discussed**

Please tick ✓ all that apply and circle “F” if raised by a member of the family

- [ ] F Understanding of brain death
- [ ] F Understanding of plan to withdraw/withhold treatment
- [ ] F Discussion about loved one, circumstances of death etc
- [ ] F Rare opportunity for organ donation
- [ ] F Emphasis on the benefits of donation and the potential to help others
- [ ] F Description of the organ donation process
- [ ] F Does not incur additional costs to family
- [ ] F Knowledge of patient’s donation wishes
- [ ] F Reassurance regarding the fairness of organ allocation
- [ ] F Other, specify: __________________

**3.7 Participants: health professionals**

Please tick ✓ one person (more on page 2)

- [ ] MD: Intensivist (not managing the patient)
- [ ] MD: Intensivist (managing the patient)
- [ ] RN: Donation Specialist Nurse
- [ ] MD: Registrar (ICU)
- [ ] RN: allocated care of patient today
- [ ] MD: Resident (ICU)
- [ ] RN: other __________________
- [ ] SW: Social Worker
- [ ] HC: Hospital chaplain
- [ ] Other spiritual support: __________________
Form 3: Meeting for the family donation conversation

☐ Other, specify: __________________________    ☐ Interpreter, language: __________________________
☐ Designated requestor (if not working in designation above)

3.8 Participants: family

Please tick ☑ all that apply and write number of attendees

☐ Spouse/partner/de facto/same sex partner (include ex)  No.: |___| |___|
☐ Adult child (18yrs or older) (include step children)  No.: |___| |___|
☐ Parent (include step or adoptive parents)  No.: |___| |___|
☐ Adult sibling  No.: |___| |___|
☐ Adult sibling’s partner  No.: |___| |___|
☐ Grandparent  No.: |___| |___|
☐ Other, specify:  No.: |___| |___|

3.9 Designation of the SaNOK, specify relationship to the potential donor:

3.10 If applicable: The SaNOK delegated decision making to (specify relationship to the potential donor):

3.11 Outcome of the initial family donation conversation  

Please tick ☑ one

☐ Definite in principle consent
☐ Agreement to consider
☐ Other, specify:
☐ Initial decline: “reactive no”
☐ Definite in principle decline

Part B: Final outcome (to be completed with the individual who led the first conversation)

3.12 Final donation decision

Please tick ☑ one (and complete Form 4)

☐ Written consent
☐ Definite in principle decline
☐ Other, specify:

3.13 Date: |___| |___| / |___| |___| / |___| |___| / |___| |___| / |___| |___| / |___| |___| (dd/mm/yyyy) Time: |___| |___|:|___| |___| 24 hr

3.14 Total of family donation conversations to reach the final donation decision:  No.: |___| |___|

3.15 Did each family member who attended the initial donation conversation attend all follow up meetings?

☐ Yes  ☐ No  ☐ NA (only one meeting)

3.16 Please comment if response was “No” in 3.15:

3.17 Procurement surgery commenced incision time (if applicable)

Date: |___| |___| / |___| |___| / |___| |___| / |___| |___| / |___| |___| / |___| |___| (dd/mm/yyyy) Time: |___| |___|:|___| |___| 24 hr

3.18 Revocation of consent at the hospital (if applicable)

Date: |___| |___| / |___| |___| / |___| |___| / |___| |___| / |___| |___| / |___| |___| (dd/mm/yyyy) Time: |___| |___|:|___| |___| 24 hr

3.19 Please comment on reason(s) for revocation of consent stated by SaNOK.
**Reason(s) for the final donation decision**

Categorise reasons as:
- **S** = stated verbally by the senior available next of kin to the requester and/or delegate
- **P** = perceived by the requester

### 4.1: Reasons for consent *(selected after completing Q3.12)*

<table>
<thead>
<tr>
<th>Circle S or P</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>What other donor families have shared</td>
</tr>
<tr>
<td>S</td>
<td>Knew donor’s wishes from donor registry / driver’s licence</td>
</tr>
<tr>
<td>S</td>
<td>Knew donor’s wishes from previous discussion</td>
</tr>
<tr>
<td>S</td>
<td>Enabling someone else to live a better life</td>
</tr>
<tr>
<td>S</td>
<td>Donor would have wanted to help others</td>
</tr>
<tr>
<td>S</td>
<td>Opportunity for something positive to come out of a tragedy</td>
</tr>
<tr>
<td>S</td>
<td>Part of a relative living on in someone else</td>
</tr>
<tr>
<td>S</td>
<td>Previous personal experience with donation</td>
</tr>
<tr>
<td>S</td>
<td>The donor had never said “no”</td>
</tr>
<tr>
<td>S</td>
<td>Other, specify:</td>
</tr>
</tbody>
</table>

### 4.2: Reasons for decline *(selected after completing Q 3.12)*

<table>
<thead>
<tr>
<th>Circle S or P</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>Concerns over delay to funeral/burial process</td>
</tr>
<tr>
<td>S</td>
<td>Concerns regarding integrity of process e.g unfair organ allocation, organ selling</td>
</tr>
<tr>
<td>S</td>
<td>Disagreements among the family group</td>
</tr>
<tr>
<td>S</td>
<td>Dissatisfaction with the patient’s treatment in the ICU</td>
</tr>
<tr>
<td>S</td>
<td>Dissatisfaction with the patient’s treatment in other areas of the hospital</td>
</tr>
<tr>
<td>S</td>
<td>Dissatisfaction with duration of the donation process</td>
</tr>
<tr>
<td>S</td>
<td>Longstanding negative views on organ donation</td>
</tr>
<tr>
<td>S</td>
<td>Not wishing surgery to the body/concerns regarding disfigurement</td>
</tr>
<tr>
<td>S</td>
<td>Emotional exhaustion</td>
</tr>
<tr>
<td>S</td>
<td>Religious/cultural reasons</td>
</tr>
<tr>
<td>S</td>
<td>Decided on their own that organs would not be suitable</td>
</tr>
<tr>
<td>S</td>
<td>Thought that the patient had suffered enough</td>
</tr>
<tr>
<td>S</td>
<td>Unable to accept death, lack of understanding of brain death</td>
</tr>
<tr>
<td>S</td>
<td>Uncertainty regarding the patient’s wishes</td>
</tr>
<tr>
<td>S</td>
<td>Knew donor’s wishes from donor registry / driver’s licence</td>
</tr>
<tr>
<td>S</td>
<td>Knew donor’s wishes from previous discussion</td>
</tr>
<tr>
<td>S</td>
<td>Other, specify:</td>
</tr>
</tbody>
</table>
Form 5: Requester details (to be completed by the individual who led the first meeting in Form 3)

5.1 Requester details

5.1.1 Date of birth: |__| |__| / |__| |__| / |__| |__| |__| |__| |__| (dd/mm/yyyy)

5.1.2 Country of birth: [ ] Australia [ ] Other, (specify):

5.1.3 Gender: [ ] Male [ ] Female

5.2 Ethnicity
Please tick ☑ one or more

- [ ] Oceanian: Australian or New Zealander
- [ ] Oceanian: Aboriginal or Torres Strait Islander
- [ ] Oceanian: Pacific Islander (except Maori)
- [ ] Oceanian: Maori
- [ ] North-West European
- [ ] Southern and Eastern European
- [ ] North African and Middle Eastern
- [ ] Prefer not to answer

5.3 Religion
Please tick ☑ one

- [ ] Buddhism
- [ ] Christianity
- [ ] Hinduism
- [ ] Islam
- [ ] Judaism
- [ ] No religion
- [ ] Other, specify ____________________________
- [ ] Prefer not to answer

5.4 Country completed pre-registration health professional training
Please specify:

5.5 Communication training
Please tick ☑ all that apply

- [ ] Australasian Donor Awareness Program (ADAPT)
- [ ] Core workshop and attendance [ ] some or [ ] completed
- [ ] Practical workshop and attendance [ ] some or [ ] completed
- [ ] Simulation workshop and attendance [ ] some or [ ] completed
- [ ] Other, specify:
- [ ] Have not attended

5.6 Years worked in intensive care [ ] ___ ___ years or [ ] ≤ 1 year

5.7 Number of family donation conversations led in the last complete calendar year? [ ] ___ ___

5.8 Designation
Please tick ☑ all that apply

- [ ] RN: Donation Specialist Nurse
- [ ] MD: Donation Specialist Medical
- [ ] SW: Social worker
- [ ] Other, specify:
- [ ] MD: Intensivist
- [ ] MD: Registrar (ICU)
- [ ] MD: Resident (ICU)

5.9 Responsible for the potential donor’s medical management while raising donation with the family?

- [ ] Yes
- [ ] No
## Form 6: Potential donor details

### 6.1 Potential donor details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Country of birth</td>
<td>Australia</td>
</tr>
<tr>
<td>Gender</td>
<td>Male, Female</td>
</tr>
</tbody>
</table>

### 6.2 Was the potential donor’s donation decision registered in life?  
Please tick ☑ all that apply

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes to donation found on AODR and/or RMS</td>
<td></td>
</tr>
<tr>
<td>No to donation found on AODR and/or RMS</td>
<td></td>
</tr>
<tr>
<td>Not registered/not found registers checked</td>
<td></td>
</tr>
<tr>
<td>Registers not accessed because infant/child or overseas resident</td>
<td></td>
</tr>
</tbody>
</table>

### 6.3 Ethnicity

Please tick ☑ one or more

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oceanian: Australian or New Zealander</td>
<td>South-East Asian</td>
</tr>
<tr>
<td>Oceanian: Aboriginal or Torres Strait Islander</td>
<td>North-East Asian</td>
</tr>
<tr>
<td>Oceanian: Pacific Islander (except Maori)</td>
<td>Southern and Central Asian</td>
</tr>
<tr>
<td>Oceanian: Maori</td>
<td>Peoples of the Americas</td>
</tr>
<tr>
<td>North-West European</td>
<td>Sub-Saharan African</td>
</tr>
<tr>
<td>Southern and Eastern European</td>
<td></td>
</tr>
<tr>
<td>North African and Middle Eastern</td>
<td>Missing from medical record</td>
</tr>
</tbody>
</table>

### 6.4 Religion

Please tick ☑ one

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhism</td>
<td>Judaism</td>
</tr>
<tr>
<td>Christianity</td>
<td>No religion</td>
</tr>
<tr>
<td>Hinduism</td>
<td>Other, specify: ______________________________________________________</td>
</tr>
<tr>
<td>Islam</td>
<td>Missing from medical record</td>
</tr>
</tbody>
</table>

### 6.5 Primary event/cause of death

Please tick ☑ one

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor vehicle accident</td>
<td>Spontaneous subarachnoid haemorrhage</td>
</tr>
<tr>
<td>Motor bike accident</td>
<td>Other spontaneous intracranial haemorrhage</td>
</tr>
<tr>
<td>Cyclist</td>
<td>Cerebral infarct</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>Hypoxia</td>
</tr>
<tr>
<td>Other road accident</td>
<td>Cerebral oedema</td>
</tr>
<tr>
<td>Fall</td>
<td>Cerebral tumour, specify benign or malignant</td>
</tr>
<tr>
<td>Other accident</td>
<td>Drowning</td>
</tr>
<tr>
<td>Gunshot</td>
<td>Hanging</td>
</tr>
<tr>
<td>Felony or crime e.g assault</td>
<td>Asthma</td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

### 6.6 Certification of death

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain death criteria</td>
<td></td>
</tr>
<tr>
<td>Circulatory death criteria</td>
<td></td>
</tr>
</tbody>
</table>

| Date | __| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| (dd/mm/yyyy) |

### 6.7 Admission to this intensive care unit

| Date | __| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| / |__| (dd/mm/yyyy) |

*Forms 2-6 are complete: ___________________________ (DSN sign) __________________ (date)*

CRF #6 vers 4, dated 15 Nov 2013  
Page 1 of 1