



DIF Donor information form

Donor data

Last name: _____ First name: _____
Date of birth: _____ Residence: _____

Perimeter: _____
Blood type: _____ Height: _____ Weight: _____

Comment: _____

Admission circumstances to hospital

Admission Date: _____ Time: _____
Admission to ICU Date: _____ Time: _____
Transfer Date: _____ Time: _____
Cause of admission: _____

REA yes no Duration: _____ By: _____
Cardiac arrest yes no Duration: _____ Treatment: _____
Downtime _____ min ROSC after _____ min
Respiratory arrest yes no Duration: _____ Treatment: _____
Intubation date and time: _____
Trauma yes no Comment: _____
GCS by admission: _____
Drugs given before admission: _____

Death certification and consent

Sedation after admission: _____ Stopped Date: _____
Time: _____
Relaxation after admission: _____ Stopped Date: _____
Time: _____

Brain death (date and time): _____
Method clinical CT scan other:

Cause of death CHE ANX CTR CDI CTU SUI OTH
Comment: _____

Registered yes no
Consent obtained by: _____
Judge approval yes no

Tissues

Cornea yes no
Heart valves yes no

Infections

Previous history of MRSA infection yes no Comment: _____

Infection after admission

Blood yes no Culture: yes no Date: _____ Result: _____

Lung yes no Culture: yes no Date: _____ Result: _____

Urine yes no Culture: yes no Date: _____ Result: _____

Other yes no Culture: yes no Date: _____ Result: _____

Antibiotic yes no Comment: _____

Hyperthermia yes no Temperature: _____

Urine catheter since: _____

Medical history (before admission)

Heart disease yes no Comment: _____

Hypertension yes no Comment: _____

Lung disease yes no Comment: _____

Diabetes I or II yes no Comment: _____

Liver disease yes no Comment: _____

Pancreatic disease yes no Comment: _____

Kidney disease yes no Comment: _____

Kidney stones _____

Infectious disease yes no Comment: _____

Cancer yes no Comment: _____

Malignant melanoma yes no Comment: _____

Acute neurological changes yes no Comment: _____

Operations yes no Comment: _____

Medication yes no Comment: _____

Allergy yes no Comment: _____

Other: _____

Personal habits and social risks

Alcohol yes no Comment: _____

Drug user yes no Comment: _____

Tattoos & Piercings yes no Comment: _____

Travel to high risk countries yes no Comment: _____

Multiple partners yes no Comment: _____

Prison yes no Comment: _____

Comments: _____

Clinical data (after admission)

Cardiac arrest	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
Respiratory arrest	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
Hypotension	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
		Date and Time: _____	MAP: _____
Hypertension	<input type="checkbox"/> yes <input type="checkbox"/> no	Duration: _____	Treatment: _____
		Date and Time: _____	MAP: _____
Arrhythmias	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Hypothermia	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Diabetes insipidus	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Oligo anuria	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Coagulation disorders	<input type="checkbox"/> yes <input type="checkbox"/> no	Treatment: _____	
Comments:	_____		

Heart

ECG _____ Date and Time: _____
Rate: _____ Rhythm: _____

Echocardiography

Date and Time: _____

Contractility: _____
 Left ventricle function: _____
 Left ventricle mass index: _____
 Left ventricle volume: _____
 IVS d: _____
 PWd _____
 Dimension Aortic Root _____
 Dimension Ascending Aorta _____
 Aortic valve: _____
 Mitral valve: _____
 Tricuspid valve: _____
 Pulmonary valve: _____
 RV Function normal yes no _____
 Dimension (or volume) RV: _____
 Dimension Tr. Pulmonalis: _____
 Presence of ASD (atrial septal defect): yes no
 Presence of PFO (patent foramen ovale): yes no
 Comment: _____
 Cardiologist: _____

Abdominal

Abdominal echography

Date and Time: _____

Liver Size (medioclavicular) _____
 Steatosis yes no _____ %
 Patent portal vein yes no _____
 Focal lesions: _____

Splenomegaly yes no _____
 Pancreas: _____

Left kidney Size (two dimensions): _____
 Numbers of arteries: _____
 Focal lesions: _____

Right kidney Size (two dimensions): _____
 Numbers of arteries: _____
 Focal lesions: _____

Comment: _____
 Specialist: _____

Lung history and chest

Lung history:

Smoker: _____ Pack/Years _____ Stopped _____

Chest examination

Tracheal secretion yes no Quantity: _____ Color: _____
 Suspected aspiration yes no Date: _____
 Chest drains no left right left and right

Chest X-ray

Date and Time: _____

Atelectasis no left right left and right
 Pneumonia no left right left and right
 Pneumothorax no left right left and right
 Pleura effusion no left right left and right
 Contusion no left right left and right
 Infiltration no left right left and right
 Nodule/mass no left right left and right

Radiologist: _____

CT scan

Date and Time: _____

Main findings: _____
 Radiologist: _____

Bronchoscopy

Secretion: purulent yes no Hemorrhagic yes no Other: yes no
 Mucosa inflammatory yes no Hemorrhagic yes no ulceration yes no
 Bronchial rupture yes no

Cytology yes no
 Bacteriology yes no

Anomalies: _____

Other: _____

Comment: _____
 Specialist: _____
 Phonenumber: _____

Blood laboratory results

Date and Time	On Admission	Most recent		
Hb				
Hct				
Leucocytes				
Platelets				
Glucose				
HbA1C				
Na				
K				
Calcium				
Magnesium				
Phosphate				
Urea				
Creatinine				
Osmolality				
CPK				
CK-MB				
Troponine				
Myoglobin				
ASAT				
ALAT				
LDH				
Ammoniak				
Gamma GT				
Alc. Phos				
Bilirubin total				
Bilirubin direct				
Pancreatic amylase				
Lipase				
Protein total				
Albumin				
CRP				
Quick				
INR				
aPTT				
Fibrinogen				
Factor V				
Bloodgroup				

Urine laboratory results

Date:

Time:

pH	
Glucose	
Protein	
bilirubin	
Urobilinogen	
Na	
Potassium (Ka)	
Osmolality	
Albumin	
Creatinine	
Albumin/Creatinine	
Protein/Creatinine	
Erythrocyte	
Leukocyte	
cyclin	

Vital signs

Date and Time					
Heart rate	/min				
Heart rhythm					
Blood pressure syst	mmHg				
Blood pressure dia	mmHg				
Blood pressure mean	mmHg				
CVP	mmHg				
PAP systolic	mmHg				
PAP diastolic	mmHg				
PAP mean	mmHg				
PCWP	mmHg				
RAP	mmHg				
LV vol	ml/systole				
LVESVI	ml/m ² /systole				
CO	l/min				
CI	l/min/m ²				
Cv O ₂	%				
SVR	Dynes3secc/cm ⁵				
PVR	Dynes3secc/cm ⁵				
Temperature	° C				
Urine output	ml/h				
Balance	ml/24 h				

Therapy (including anti-diuretics)

Date and Time							
Product	Unit						

Transfusions

Date and Time					
Blood					
FFP					
Platelets					

Ventilation settings

Date and Time					
Tidal volume	ml				
Rate					
Inspiratory pressure	mbar				
PEEP	mbar				
FiO ₂	%				

Blood Gases

Date and Time					
ph					
PaCO ₂	kPa				
PaO ₂	kPa				
HCO ₃	mmol/l				
BE	mmol/l				
Sat.	%				