DIF Donor information form

Donor data

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

Perimeter: ____________
Blood type: ______ Height: ______ Weight: ______ Waist circ.: ______

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: ____________

Registred □ yes □ no
Consent obtained by: ____________
Judge approval □ yes □ no □ not involved

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 Start: _________ Type: ______________________
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 □ yes □ no Comment: ________________________
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 □ yes □ no Duration: ______ Treatment: ____________
Respiratory arrest □ yes □ no Duration: ______ Treatment: ____________
Hypotension □ yes □ no Duration: ______ Treatment: ____________
Date and Time: ______________ MAP: ____________
Hypertension □ yes □ no Duration: ______ Treatment: ____________
Date and Time: ______________ MAP: ____________
Arrhythmias □ yes □ no Treatment: ____________________________
Hypothermia □ yes □ no Treatment: ____________________________
Diabetes insipidus □ yes □ no Treatment: ____________________________
Oligo anuria □ yes □ no Treatment: ____________________________
Coagulation disorders □ yes □ no Treatment: ____________________________
Comments: ____

Heart

ECG Date and Time: ____________
Rate: ___________ Rhythm: ____

Echocardiography Date and Time: ____________
EF: ____
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: ____

Coronary angiography Date and Time:
EF: ____
Comment: ____
____

Cardiologist: ____

Abdominal

Abdominal echography or CT Scan Date and Time: ___________

Liver
- Size (mediaclaviculär) ________________
- Steatosis □ yes □ no ____________ %
- Patent portal vein □ yes □ no
- Focal lesions: ________________

Splenomegaly □ yes □ no

Pancreas: ________________

Kidneys	**Right**	**Left**
Size (two dimension)	_____ x _____ mm	_____ x _____ mm
Suspicious tumor-like lesion present	□ yes □ no	□ yes □ no
Number of renal arteries	________	________
Polar arteries (if yes please specify)	□ yes □ no _____	□ yes □ no _____
	________	________
Calcified plaques ostium	□ yes □ no	□ yes □ no
Calcified plaques trunk	□ yes □ no	□ yes □ no
Renal artery, ectopic iliac origin	□ yes □ no	□ yes □ no
Retro-aortic left renal vein		□ yes □ no
Kidney stones	□ yes □ no	□ yes □ no
Cysts	□ yes □ no	□ yes □ no
Number	________	________
Size of largest cyst	________ mm	________ mm
Pyelocalyceal dilatation	□ yes □ no	□ yes □ no
Arterial thrombosis	□ yes □ no	□ yes □ no
Abscess or infarct area(s)	□ yes □ no	□ yes □ no
Irregular kidney outline	□ yes □ no	□ yes □ no
Cortical thinning < 10 mm	□ yes □ no	□ yes □ no

Comment: ____

____

____

Specialist: ____

Lung history and chest

Lung history: ____________________
Smoker: □ actual □ former smoker □ lifelong nonsmoker Packyears: ________
____
Suspected bronchial-aspiration: □ yes □ no When: ________
Tracheal secretion: □ yes □ no Quantity: ________ Colour: ________
Chest drain: □ no □ left □ right □ left and right

Chest X-ray or CT Scan 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 □ no □ left □ right □ left and right
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/m2/systole				
CO	l/min				
CI	l/min/m²				
Cv O2	%				
SVR	Dynes3secc/cm5				
PVR	Dynes3secc/cm5				
Temperature	° C				
Urine output	ml/h				
Balance	ml/24 h				

Therapy

Date and Time							
Product	Unit						

Diuretics, anti-diuretics, haemodilution

Date and Time					
Product					

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.	%					