

Organ Referral Triage Worksheet

Patient Name: _____ OPO ID: _____ DOB: ___/___/___

Hospital: _____

Briefly explain the circumstances that brought patient to the hospital / Any Surgical Intervention Performed:

Past Medical History/ Past Surgical History (PMHX/PSHX):

Current Reflexes:

Cough: Y N Gag: Y N Corneal: Y N Pupils Reactive: Y N Response to Pain: Y N

Is the patient initiating their own breath: Y N

Is the patient on a hypothermia protocol Y N

Glascow Coma Scale Score(GCS): _____

What is the date and time the patient started appearing this way? _____

*****If patient is medical rule out for active cancer, no need to proceed with rest of form.*****

Current drips, pressors, and/or sedation:

Most recent Blood Pressure: ___ / ___ HR: _____ Urine Output: _____

Current Respiratory Rate (RR): _____ O2 saturation: _____

Current vent settings: FiO2 _____ Tidal Volume _____ Set Respiratory Rate _____ PEEP _____

Most Recent Labs			
Na= Sodium		Total Bilirubin:	
BUN= Blood Urea Nitrogen		AST= SGOT	
Cr=Creatinine		ALT= SGPT	

Most Recent Arterial Blood Gas	
ABG: PH = Potential Hydrogen	
CO2= Carbon Dioxide	
PaO2= partial pressure of Oxygen	
HCO3= Bicarbonate	
O2 Sat= Oxygen Saturation	

Any plans of vent disconnection and if so when? (Specific Date & Time) _____

What are the plans for the patient today and are there any intentions to complete a brain death protocol?

Is family at bedside? Y N Who is the NOK/ decision maker? _____

What is the primary language of the NOK/decision maker? _____

Are they aware of the circumstances / prognosis? Y N

Thank you for making this referral to us, we will provide this information to our triage coordinator who will follow up with a plan of care. In the meantime, if there are any changes in the status, questions, or concerns please call us back at 800-GIFT4NY.