

1.0 DONOR & CONSENT INFORMATION:

1.1 Last Name: _____ Middle Initial: _____ First Name: _____
 DOB: _____ Age: _____ Sex: _____ Race: _____ Est. Height: _____ Weight: _____ lbs / kgs

1.2 Consent granted for: Whole Eyes Corneas ONLY
 Transplant & Research Transplant /Research only if ineligible Transplant Only

Type of Consent: Signed Witnessed Verbal Recorded 1st Person - Registry #: _____
 Consent obtained by (name): _____

1.3 Other Recovery Agencies: No Yes OPO ID# _____ UMTB ID# _____
 M.E. Case: No Yes If Yes: M.E. Office: _____ M.E. Case #: _____

2.0 MEDICAL SCREENING

2.1 Location of Death: _____ Date/Time L.S.A : _____ / _____
 Date/Time of Death: _____ / _____ Date/Time of Cooling: _____ / _____

2.2 Suspected COD / Manner of Death: _____ / _____
 Circumstances of Death: _____

Current & Past Medical Hx: _____

2.3 **Hospital Cases:** No (N/A remainder of this section and sections 3.0 & 4.0) Yes
 Admission Date: _____ Admitting Diagnosis: _____
 Unit: _____ M.R. or Other ID#: _____

Ventilator Support: No Yes Was eye maintenance performed by hospital staff/LAORA: No Yes

Was Donor admitted to Hospice: No Yes *If yes when :* _____

Systemic Infection suspected: No Yes *If yes explain:* _____

LABS DRAWN:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Date/Time:			
TEMP:			
WBC:			

BLOOD CULTURES:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
DATE DRAWN:			
GROWTH:			
NUMBER OF DAYS:			

Donor Initials: _____

FLEB# _____



Donor Coordinator Surgical Workbook

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3.0 TOTAL FLUIDS INFUSION/TRANFUSION:

Information Obtained From: LAORAIS Medical Record Verbal per hospital staff (document in case log)

ACLS Medications in the last hour	Concentration	MLs per unit	Number of units given to donor	Total amount Given
Epinephrine	1:10,000=1mg/10ml of saline or 1:1000=1mg/1ml vial			
Atropine	1mg/10mlPFS			
Lidocaine	100 mg/5ml PFS			
Amiodarone	150mg/3ml (given in a 300mg dose)			
Adenosine	6mg/2ml PFS			
Dextrose (D50)	25 gr/50ml PFS			
Sodium Bicarbonate (NaHCO ₃)	50mEq/50ml PFS			
Calcium Chloride CaCl ₂	13.6 mEq/10ml PFS			
Narcan	2mg/2ml PFS			
Solu-Medrol	125mg/2ml			
Phenergan	25mg/2ml (Adult=12.5mg IV push) (Over 70 yr old 5mg IV push)			
Magnesium Sulfate	1gm/2ml vial			
Other:				
Other:				
Crystalloids given in the last hour	Standard Volumes	MLs per unit	Number of units given to donor	Total amount Given
Normal Saline (NaCl)	250ml / 500ml /1000ml bags			
5% dextrose in water	250ml / 500ml / 1000ml bags			
Ringer Lactate	1000ml			
Vasopressin	20u/1ml			
Other:				
Note: Bolus = Entire Volume; Wide Open (W/O) = 500ml/hr (8.33ml per minute); KVO (keep vein open) or TKO (to keep open) = 10ml per hour				
Blood given in the last 48h	Standard Volumes	MLs per unit	Number of units given to donor	Total amount Given
Whole Blood	≈ 500ml			
PRBC	≈ 250ml – 350ml			
RBC in Adsol	≈ 500ml			
Other:				

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Colloids given in the last 48h	Standard Volumes	MLs per unit	Number of units given to donor	Total amount Given
Albumin 5% / Albumin 25%	500ml / 250ml			
Fresh Frozen Plasma (FFP)	220ml			
Platelets	50ml/unit			
Dextran, Hetastarch, Pentastarch	500ml/unit			
Cryoprecipitate (eg, factor VII)	15 ml/vial			
Mannitol 25%	12.5g/50ml			
Other				
Other				

4.0 MEDICAL RECORDS - Must be submitted with this report. It is the Coordinator's responsibility to get these records and submit them to the Florida Lions Eye Bank

Medical records requested by: _____ Date/Time: _____ / _____

5.0 MEDICAL AND SOCIAL HISTORY:

Medical Social completed by: _____ Agency: _____

- Obtained in person
- Obtained by phone and not recorded
- Obtained by phone and recorded

NOTE: The Medical and Social History Questionnaire must be reviewed for accuracy and documented on the appropriate Medical and Social and History Questionnaire. The review cannot be completed by the same person who completed the interview.

6.0 COMMENTS: (please list question number and comment):

Workbook Completed by: _____ Date: _____

Donor Initials:

FLEB#