

# **DONATION**

### Procedure to recommend a potential donor IN HOSPITAL



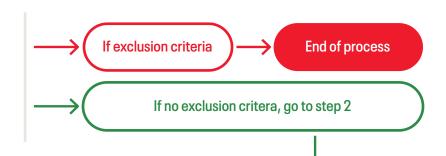
**RECENTLY DECEASED PATIENT** (patient deceased within the last 24 hours)

In accordance with section 204.01 (AHSSS)

# **IDENTIFY** potential donor

### Check if the deceased has any of the following exclusion critearia:

- Over 86 years of age
- HIV, HBV, HCV
- Untreated active systemic infection
- Blood cancer (lymphoma, leukemia, Hodgkin's disease)
- Alzheimer's, Parkinson's, dementia of unknown origin



**①** DO NOT SUGGEST THE DONATION OPTION TO THE FAMILY BEFORE STEP 3

## **RECOMMEND** potential donor

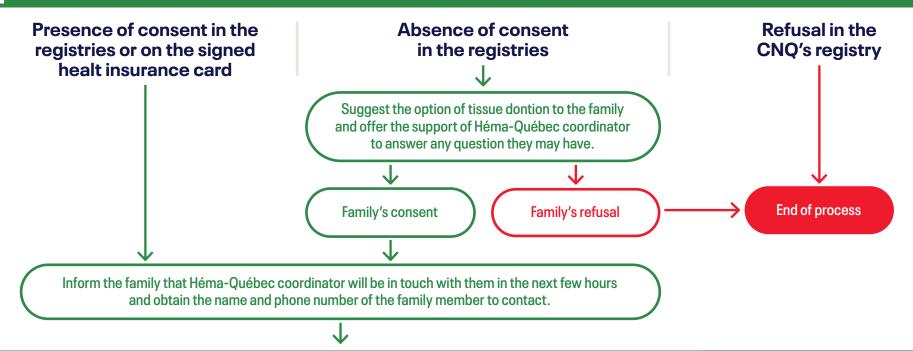
1-888-366-7338, option 2 (4 hours/day, 7 days/week)

### Contact Héma-Québec and transit the following information:

- · Name of the deceased
- · Date of birth
- · Health insurance number
- · Indicate if the potential donor signed the consent sticker on the back of the healt insurance card

Héma-Québec will perform the necessary verifications of consent registries of both the Régie de l'assurance maladie d Québec (RAMQ) and the Chambre des notaires du Québec )CNQ). Once both registries have been checked, hospital staff will be informed by phone of the presence or absence of a consent or refusal.

# **COMMUNICATE** the information to the family



## PROVIDE the information for donor qualification

coordonnateurs.th@hema-quebec.qc.ca 418-780-2097 (Fax)

### Contact Héma-Québec and provide the name and phone number of the family member to contact, along with the medical information requested.

At the request of the Héma-Québec coordinator, send by email or fax the following information:

#### **ADMISSION STAFF**

SP3 form - death certificate (share by SIED)

#### **NURSING STAFF**

- Ambulance transport and paramedic report (AS-810/AS-803P), if applicable
- Hospitalization summary sheet
- Medical progress notes
- Nurse's observation notes
- Laboratory results (white blood cells, cultures, blood cultures and nand toxicology results)

- Medication Administration Record (MAR)
- Medical consultations for the current hospitalization
- Basic parameter record (vital signs sheet)
- Blood or stable product administration sheets (last 72 hours)
- · Level of care sheet



Refrigerate the body as quickly as possible and enter the date and time of refrigeration in the file.

