# Organ Donation from Burn-Injured Patients: A National Perspective

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# Disclosures

No conflicts of interest





# Clinical Case

- 16 yo M involved in house fire after television explosion
- PEA arrest in field, estimated
  15 minutes down time



Mlive.com

- ACLS by first responders, vital signs regained
- Presented to MWHC with ~50% TBSA burn to back, buttocks, and bilateral lower extremities with inhalation injury and CO intoxication



# Clinical Case

- GCS 3T without sedation
- Massive fluid resuscitation, vasopressive support, total body cooling
- Referred to WRTC for possible organ donation
- Approximately 36 hours after injury, brain death confirmed







# Clincal Case

- Family wished to pursue organ donation
- Patient donated lungs and kidneys
  - Despite:
    - Large burn
    - Inhalation injury
    - Hypovolemic shock
    - History of cardiac arrest
    - Confirmed bacteremia





# **Current US Transplantation Numbers**

- Waiting list candidates as of February 4, 2014:
  121,113
- Active waiting list candidates: 77,205
- Transplants performed January November 2013: 26,513
- Donors January November 2013: 12,991 www.UNOS.org



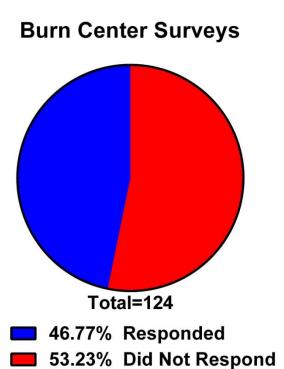
# Methods

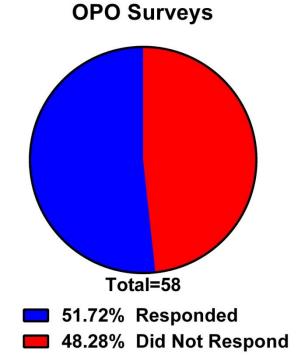
- UNOS Data Query
  - Free-text causes of death categorized as "other"
  - -1994 2012
- American Burn Association National Burn Repository
  - Patient characteristics of mortal burn injuries
- National Survey
  - Burn Center Directors
  - Organ Procurement Organization Representatives
  - Transplant Surgeons

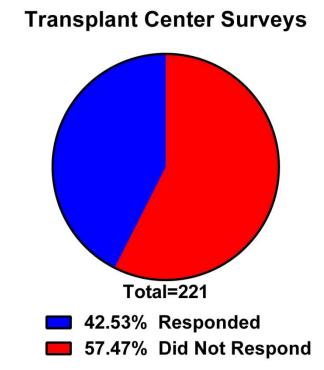




# Survey Responses



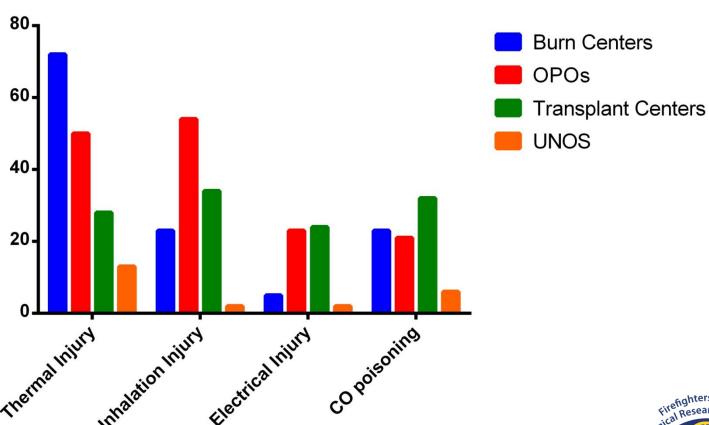








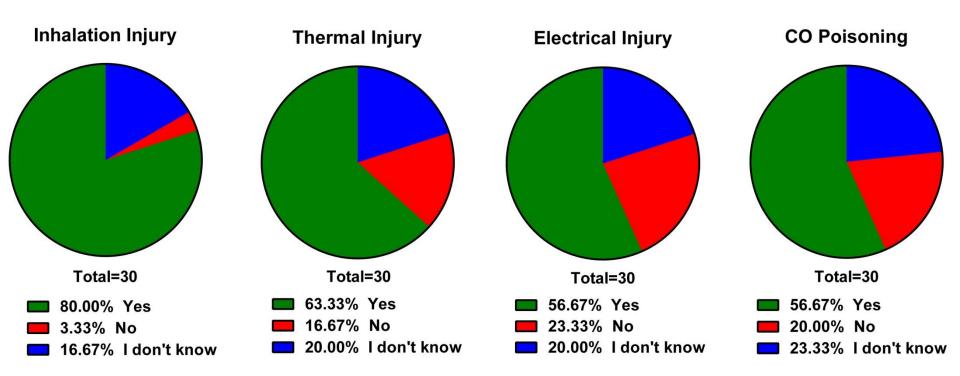
# **Estimated Donor Numbers**







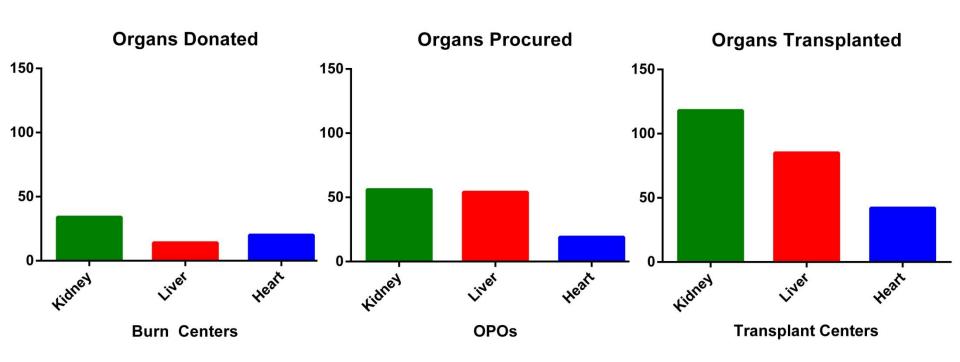
# **OPO Experiences**







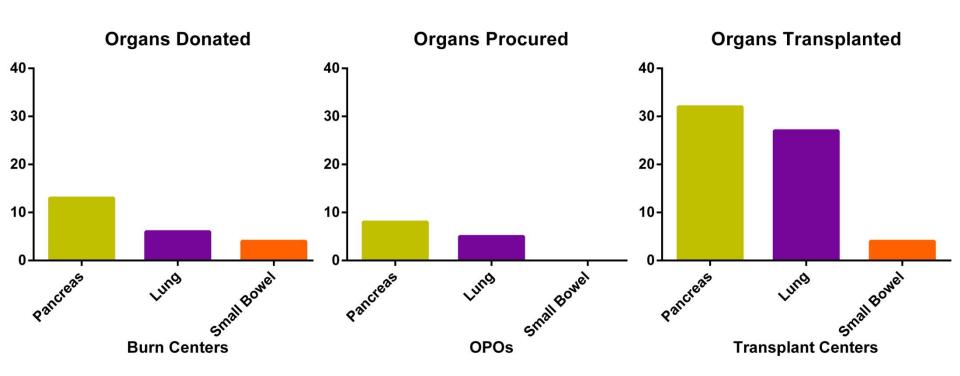
# Organ Types







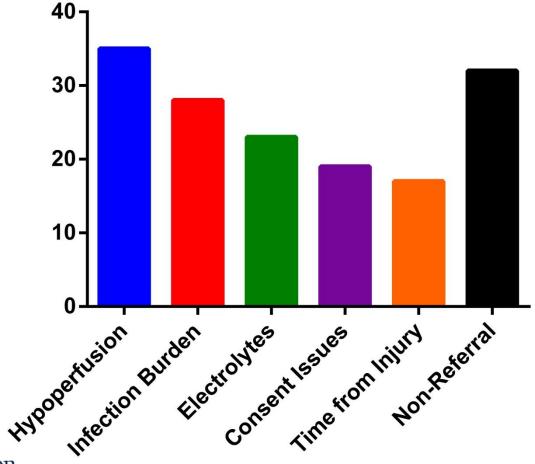
# Organ Types







# Barriers to Successful Organ Recovery



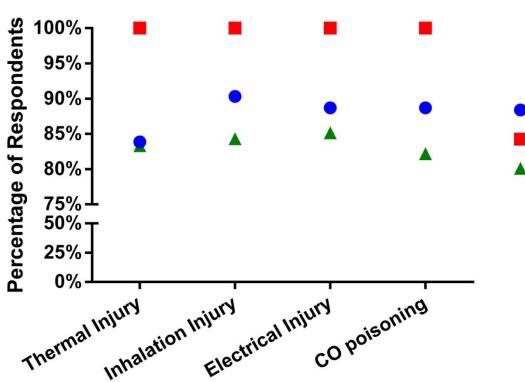


MedStar Washington Hospital Center

The Burn Center

# The Question of Referral

#### **Should Burn Patients be Referred?**





OPOs

▲ Transplant Surgeons







# Conclusions

 Data from this national survey indicate that there are more mortally burn-injured patients acting as organ donors than currently available UNOS data would suggest





# Conclusions

 There is still disagreement as to which patients should be referred for organ donation, though not amongst organ procurement organizations





#### Conclusions

 Burn injured patients have the ability to contribute to the pool of greatly needed donor organs and a consensus is needed to guide practice in the burn community





# Limitations

#### Database Data

- Inaccurate entries
- Incomplete entries
- Limited details

#### Survey Data

- Incomplete responses
- Recall bias
- Question interpretation





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  - Charles Wright, MD

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  - Jeffrey Shupp, MD
  - Lauren Moffatt, PhD
  - Marion Jordan, MD
- Survey Respondents across the country





# Potential Burn-Injured Donors

Age Group (years)	Deaths in NBR	Deaths With No Comorbidities
0-19.9	533	180
20-29.9	329	172
30-39.9	412	170
40-49.9	645	180
50-59.9	820	192
Total	2,739	894

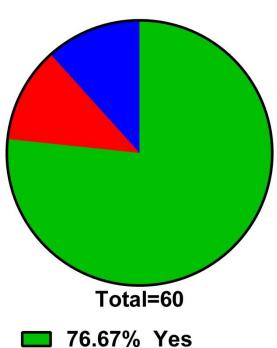




#### **Burn Center Directors**

"If you were caring for a patient with a non survivable thermal injury, inhalation injury, electrical injury, or CO poisoning, would you consider employing advanced measures such as CVVH, steroids, or inotropes to preserve organs for donation?"

#### **Advanced Measures**



11.67% No.



