



# Donor Referral Checklist

Evaluating donor suitability requires specific information. Complete the checklist below before contacting the donor coordinator on call. If other information presents relevant to this referral, please provide it. The coordinator will determine donor suitability and speak with the donor physician. Once a decision is reached, you will be notified regarding the outcome.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Admission date: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Nationality: \_\_\_\_\_

PHIN: \_\_\_\_\_ Family dynamics: \_\_\_\_\_

Hx of current illness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vent settings: \_\_\_\_\_ Neuro reflexes present: \_\_\_\_\_

Cardiac arrest: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Best Creatinine this admission: \_\_\_\_\_ Hep C: \_\_\_\_\_ HTN: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Past Med/Surg Hx: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vasopressors, Sedation and Dose: \_\_\_\_\_  
\_\_\_\_\_

Current Vital signs: HR: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ MAP: \_\_\_\_\_ Temp: \_\_\_\_\_

Head CT: \_\_\_\_\_ DATE: \_\_\_\_\_ Time: \_\_\_\_\_ Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other relevant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

