



Caring for Organ Donors in the ICU



The key points in caring for organ donors in the intensive care unit (ICU) are to use standardised donor management protocols, to administer methylprednisolone, desmopressin and vasopressin as a useful supplement to treatment of brain dead patients, and to use the same target parameters as for other critically ill patients, according to a review article by Klaus Hahnenkamp, of the Department of Anaesthesiology and Intensive Care Medicine, University Medicine Greifswald, Germany and colleagues .

The review article is published in English in *Deutsches Arzteblatt International*. The article outlines the pathophysiological changes in irreversible, total loss of brain function, and advises on monitoring and therapeutic benchmarks. Four prospective RCTs have been published to date, but these did not show any effect of organ-protective intensive care. Multicentre prospective randomised studies are lacking, but the protocols mostly recommended extended haemodynamic monitoring, early differentiated volume and vasopressor/catecholamine therapy and lung protective ventilation, the authors note.

See Also: [Donation After Circulatory Determination of Death: A New Old Friend](#)

Clinical practice in Germany is to focus on differentiated volume and norepinephrine therapy, which differs from other countries. The authors conclude: "There is good reason to believe that the continuation of intensive care, in the sense of early donor management, can make organ transplantation more successful both by increasing the number of transplantable organs and by improving organ quality."

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