

<b>Date (dd/mm/yyyy)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Hospital</b>	<input type="text"/>
<b>NHS BT Donor Number</b>	<input type="text"/>

**Criteria for standard transplant**

**Donation after Brain Death (DBD)**

*Please record the correct answers to the following questions:*

1	Satisfactory Chest X-ray reviewed by retrieval surgeon	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Systemic arterial PO <sub>2</sub> > 35-40 kPa on 100% FiO <sub>2</sub> and 8 cm H <sub>2</sub> O PEEP	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3	Selective Pulmonary Vein (PV) Gases > 30 kPa on 100% FiO <sub>2</sub> and 8cm H <sub>2</sub> O PEEP	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4	Peak airway pressure < 30 cm H <sub>2</sub> O	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5	Bronchoscopy – no severe inflammation of the airway, or recurrent secretions in the distal airway after adequate bronchial toilet	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6	Easily recruited atelectasis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7	Satisfactory deflation test on disconnecting endotracheal tube	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8	Satisfactory palpation of the lung to exclude undetermined masses, nodules or gross oedema	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9	Satisfactory inspection of the lung after administration of the preservation flush and procurement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Donation after Circulatory Death (DCD)

*Please record the correct answers to the following questions:*

- |   |  |                          |     |                          |    |
|---|--|--------------------------|-----|--------------------------|----|
| 1 | Satisfies criteria as for standard DBD donor lungs (if information available)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2 | DCD Donors from Maastricht Category 2, 3 or 4  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3 | Systemic arterial PO <sub>2</sub> > 40 kPa on 100% FiO <sub>2</sub> and 8 cm H <sub>2</sub> O PEEP or equivalent FiO <sub>2</sub> : PaO <sub>2</sub> within 12 hours | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4 | Warm ischaemic time (WIT) < 30 minutes (WIT starts when donor systolic BP < 50 mmHg and / or O <sub>2</sub> sats < 70%)  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5 | Withdrawal of life support (WLS) time < 120 minutes  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

***NOTE: If any of the above questions are answered "NO", the donor's lung is not eligible to be used for standard transplant.***

## DEVELOP-UK Day of transplant

<b>Date (dd/mm/yyyy)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Hospital</b>	<input type="text"/>						
<b>NHS BT Donor Number</b>	<input type="text"/>						

### Criteria for EVLP Assessment and Reconditioning

#### Donation after Brain Death (DBD) or Donation after Circulatory Death (DCD) lungs

<i>Please record the correct answers to the following questions:</i>			
1	Warm ischaemic time (WIT) > 30 minutes for DCD donors but < 60 minutes	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
2	Chest X-ray findings prohibitive to standard transplantation	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
3	Systemic arterial PO <sub>2</sub> < 35-40 kPa and/ or selective PV gas < 30kPa on 100% FiO <sub>2</sub> and 8 cm H <sub>2</sub> O PEEP	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
4	History of aspiration with bronchoscopic inflammation/soiling of the airway, or recurrent but not prohibitive secretions in the distal airway after adequate bronchial toilet	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
5	Difficult to recruit atelectasis	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
6	Sustained peak airway pressure > 30 cmH <sub>2</sub> O	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
7	Unsatisfactory deflation test on disconnecting ET tube	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
8	Unsatisfactory palpation of the lungs identifying undetermined masses, nodules or gross oedema	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No

9	Deterioration or cardiac arrest in the donor prior to retrieval such that uncertainty over assessment remains	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10	Unsatisfactory inspection of the lung after administration of the preservation flush and procurement	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11	Logistical reasons that will extend donor lung ischaemic time > 10-12 hrs and prevent donor organ use:				
	Viral studies awaited	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	HLA compatibility studies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Pathology assessment of indeterminate mass in any donor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Awaiting recipient admission	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

***NOTE: If any one or more questions are answered "YES", the donor's lung is eligible to be used for EVLP assessment and reconditioning***

### DEVELOP-UK Day of transplant

<b>Date (dd/mm/yyyy)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Recipient's Study ID</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### **Criteria for transplant after successful EVLP Assessment and Reconditioning**

#### **Donation after Brain Death (DBD) or Donation after Circulatory Death (DCD) lungs**

***Please record the correct answers to the following questions:***

1	DBD and DCD donor lungs meeting criteria for standard transplant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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2	Pulmonary artery pressure < or equal to 20 mmHg, whilst achieving stable perfusate flow of up to 70 ml/kg IBW/minute at 37°C	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
3	Peak airway pressure <25 cms H2O while achieving adequate ventilation (tidal volumes up to a max 7 mls/kg IBW)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
4	Oxygenation capacity shown by delta PO <sub>2</sub> of >40kPa (perfusate LA PO <sub>2</sub> - perfusate PA PO <sub>2</sub> )/FiO <sub>2</sub>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
5	Selective PV gas > 30 kPa on 100% FiO <sub>2</sub> and 5 cm H <sub>2</sub> O PEEP	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
6	Stable or improving lung compliance and stable or falling lung resistance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
7	No pulmonary oedema build-up in the ET tube	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
8	Satisfactory assessment on inspection and palpation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
9	Signed Consent to Continue Form by potential matched recipient to receive an EVLP reconditioned lung*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

**NOTE: If any of the above questions are answered "NO", the donor's lung is not eligible to be used for transplant.**

**\* If Informed Consent Form was signed on the day of transplant the Consent to Continue Form is not required. Patients in standard transplant group are not required to re-confirm informed consent on the day of transplant if they have signed the Expression of Interest Form or the Informed Consent Form prior to the transplant.**

### **Criteria for failed EVLP Assessment and Reconditioning**

**Donation after Brain Death (DBD) or Donation after Circulatory Death (DCD) lungs**

***Please record the correct answers to the following questions:***

- |   |  |                          |     |                          |    |
|---|--|--------------------------|-----|--------------------------|----|
| 1 | DBD and DCD donor lungs not meeting stated criteria for standard transplant                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2 | Not satisfying criteria for transplant after successful EVLP assessment and reconditioning | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

***NOTE: If any of the above questions are answered "YES", the donor's lung is not eligible to be used for transplant.***