



There are currently in the UK about 9,000 people needing an organ transplant, and about 3,000 transplants are carried out each year. Others sadly die whilst waiting for transplants. Many parents, following the unexpected death of their child ask about the possibility of organ donation. This can be incredibly valuable for families as they are able to see something good come out of their child's death. Unfortunately, it is not always possible to use the organs of children who have died unexpectedly. It is important that members of the multi-agency rapid response team are properly informed, know how to advise parents appropriately and know where to get advice and support.

All the UK's major religions support organ donation and transplantation, and many actively promote it.

What organs can be donated?

- Whole organs including the heart, lungs, two kidneys, pancreas, liver and small bowel can be donated. These organs deteriorate rapidly after death and can only be donated by people who die in hospital rather than those who die unexpectedly in the community.
- Corneas can be donated, even from very young children and infants and can be useful for a number of disorders of sight. Unlike solid organs, corneas can be donated up to 24 hours after death and can therefore be used even from babies and children who die unexpectedly in the community.

Donors can also give bone and other tissue such as skin (to treat burns), heart valves (to treat acquired cardiac disorders and congenital malformations) and tendons. Again, these tissues may be retrieved up to 24 hours after death, so this type of donation may be suitable following unexpected deaths.

When is organ donation possible?

Most organ donations come from people who have died while on a ventilator in a hospital intensive care unit. Organs, particularly hearts and lungs, deteriorate very quickly without an oxygen supply and the ventilator is able to keep blood and oxygen circulating after death. Traditionally organ donors have come from two groups: road accident and brain haemorrhage patients. Children who are fatally injured following accidents or who are resuscitated after a sudden collapse, but subsequently die on an intensive care unit may be suitable for organ donation. In those circumstances, donation will be coordinated with withdrawal of active treatment following confirmation of death by brain stem tests.

Tissue donation is possible in a wider range of situations, including some babies and children who die suddenly and unexpectedly at home.

Organ and tissue donation will not normally be possible in unexpected deaths where the cause of death is not apparent, for example following sudden unexpected death in infancy. In these circumstances, the body needs to remain intact for a full post-mortem examination, although it may still be possible to remove some tissues at the autopsy, once the cause of death is established. Where the possibility of an infectious cause of death cannot be ruled out, it may not be safe to use organs or tissues for transplantation.

What happens?

Organ donation in the UK is coordinated by UK Transplant, a part of the NHS. As well as promoting organ donation by encouraging people to join the NHS Organ Donor Register, UK Transplant also maintains the National Transplant Database and coordinates matching donated organs with patients requiring transplants. If, following the unexpected death, parents express a wish to donate tissues or organs, the donor transplant coordinator/tissue coordinator should be contacted immediately to establish suitability for donation. In other situations, where the child is on intensive care and donation may be an option, the hospital staff should contact the coordinator before approaching the family.

Following the unexpected death of an infant or child, only the coroner is able to give authorisation for organ/tissue donation and must therefore be informed of the family's wishes immediately. The hospital staff would discuss this with the coroner and contact the donor transplant coordinator. The transplant coordinator will be able to advise on what options are available in the circumstances, and will undertake a risk assessment to minimise the transmission of infections and disease. If there is an option for organ or tissue donation, the donor transplant co-ordinator will discuss with the transplant surgeons or tissue bank and make arrangements for retrieval and transport of the organs or tissues.

The donor transplant coordinator will offer the opportunity to the parents to be informed of the outcome of the transplant operations in writing and give continued support if required.

For further information, visit www.uktransplant.org.uk