

Form 2: Pre-conversation action plan**2.1 Date:** |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy)**Start time:** |_|_| |_|_| : |_|_| |_|_| 24 hr**2.2 Participants: health professionals**Please tick one per person MD: Intensivist (not managing the patient) MD: Intensivist (managing the patient) RN: Donation Specialist Nurse MD: Registrar (ICU) RN: allocated care of patient today MD: Resident (ICU) RN: other _____ SW: Social Worker HC: Hospital chaplain Other, *specify*: _____ Other spiritual support: _____ Interpreter, language: _____ Designated requester (if not working in designation above)**2.3 Who will lead the conversation today**Please tick one RN: Donation Specialist Nurse MD: Intensivist (managing the patient) Other, *specify*: _____ Designated requester**2.4 News of brain death or inevitability of death delivered to the family****Date:** |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy) **Time:** |_|_| |_|_| : |_|_| |_|_| 24 hr**2.5 Was organ donation raised with the family before this planning meeting?** Yes, the family raised it Yes, the managing team raised it No**2.6 If yes to 2.5, who discussed organ donation with them?** Designation: _____**2.7 Topics of planning discussion**Please tick all that apply Planned date and time of the donation conversation? Goals of this conversation? Who should be present from the managing team? Roles for participants in the donation conversation? Identity of the lead decision maker/senior next of kin? The patient's medical history and events in the hospital? Status of next of kin in acceptance of death or inevitability of death? Everyone here who should be for the next of kin? Any conflict experienced within the family? Any conflict experienced between family and treating team? Current emotional capacity of the next of kin i.e level of coping? Next of kin's questions about medical treatment clearly answered? Next of kin's physical needs attended (food, fluid, hygiene)? Other available support for next of kin? Other, *specify*: _____**2.8 Pre-conversation action plan did not occur****2.9 Donation Specialist Nurse introduced to the family****Date:** |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy) **Time:** |_|_| |_|_| : |_|_| |_|_| 24 hr

Form 3: Meeting for the family donation conversation**Part A: First meeting (to be completed with health professionals who attended this meeting)****3.1 Date:** |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy)**Start time:** |_|_| |_|_| : |_|_| |_|_| 24 hr**Stop time:** |_|_| |_|_| : |_|_| |_|_| 24 hr**3.2 Location** Please tick one Patient's bedside Private room set aside for meetings Other, *specify:* _____**3.3 Who led the conversation** Please tick one (& complete Form 5) RN: Donation Specialist Nurse MD: Intensivist (managing the patient)
 Other, *specify:* _____ Designated requester**3.4 Transparent introduction of the requester (by the managing team)** Please tick one Yes, stated works in organ donation NA, designated requester not introduced
 No, blinded with role stated in general terms NA, one of the managing team led the meeting**3.5 Time the managing intensivist left before the meeting closed** Complete one of Y, N or NA**3.5.1 Yes,** left the meeting at time: |_|_| |_|_| : |_|_| |_|_| 24 hr**3.5.2 No,** did not leave because: Please tick the main reason for "N" Also a designated requester (DR)
 Led the meeting because a DR was unavailable
 Stayed to answer clinical management questions
 Stayed to observe the method of communication or to mentor a DR
 Specify other reason for staying: _____**3.5.3** **NA** the managing intensivist did not attend this meeting.**3.5.4** *If applicable:* the DR left before the meeting closed at time: |_|_| |_|_| : |_|_| |_|_| 24 hr**3.6 Topics discussed** Please tick all that apply and circle "F" if raised by a member of the family F Understanding of brain death
 F Understanding of plan to withdraw/withhold treatment
 F Discussion about loved one, circumstances of death etc
 F Rare opportunity for organ donation
 F Emphasis on the benefits of donation and the potential to help others
 F Description of the organ donation process
 F Does not incur additional costs to family
 F Knowledge of patient's donation wishes
 F Reassurance regarding the fairness of organ allocation
 F Other, *specify:* _____**3.7 Participants: health professionals** Please tick one per person (more on page 2) MD: Intensivist (not managing the patient) MD: Intensivist (managing the patient)
 RN: Donation Specialist Nurse MD: Registrar (ICU)
 RN: allocated care of patient today MD: Resident (ICU)
 RN: other _____ SW: Social Worker
 HC: Hospital chaplain Other spiritual support: _____

Form 3: Meeting for the family donation conversation

- Other, *specify*: _____ Interpreter, language: _____
 Designated requester (if not working in designation above)

3.8 Participants: familyPlease tick all that apply and write number of attendees

- Spouse/partner/de facto/same sex partner (include ex) No.: |_|_| |_|_|
 Adult child (18yrs or older) (include step children) No.: |_|_| |_|_|
 Parent (include step or adoptive parents) No.: |_|_| |_|_|
 Adult sibling No.: |_|_| |_|_|
 Adult sibling's partner No.: |_|_| |_|_|
 Grandparent No.: |_|_| |_|_|
 Other, *specify*: No.: |_|_| |_|_|

3.9 Designation of the SaNOK, specify relationship to the potential donor:**3.10 If applicable: The SaNOK delegated decision making to (specify relationship to the potential donor):****3.11 Outcome of the initial family donation conversation**Please tick one

- Definite in principle consent Initial decline: "reactive no"
 Agreement to consider Definite in principle decline
 Other, *specify*:

Part B: Final outcome (to be completed with the individual who led the first conversation)**3.12 Final donation decision**Please tick one (and complete Form 4)

- Written consent Definite in principle decline
 Other, *specify*:

3.13 Date: |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy) **Time:** |_|_| |_|_| : |_|_| |_|_| 24 hr**3.14 Total of family donation conversations to reach the final donation decision:** No.: |_|_| |_|_|**3.15 Did each family member who attended the initial donation conversation attend all follow up meetings?**

- Yes No NA (only one meeting)

3.16 Please comment if response was "No" in 3.15:**3.17 Procurement surgery commenced incision time (if applicable)****Date:** |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy) **Time:** |_|_| |_|_| : |_|_| |_|_| 24 hr**3.18 Revocation of consent at the hospital (if applicable) (and complete Q 3.19)****Date:** |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy) **Time:** |_|_| |_|_| : |_|_| |_|_| 24 hr**3.19 Please comment on reason(s) for revocation of consent stated by SaNOK.**

Reason(s) for the final donation decision

Categorise reasons as:

S= stated verbally by the senior available next of kin to the requester and/or delegate

P= perceived by the requester

4.1: Reasons for consent (selected after completing Q3.12)

Circle S or P

- | | | |
|---|---|---|
| S | P | What other donor families have shared |
| S | P | Knew donor's wishes from donor registry / driver's licence |
| S | P | Knew donor's wishes from previous discussion |
| S | P | Enabling someone else to live a better life |
| S | P | Donor would have wanted to help others |
| S | P | Opportunity for something positive to come out of a tragedy |
| S | P | Part of a relative living on in someone else |
| S | P | Previous personal experience with donation |
| S | P | The donor had never said "no" |
| S | P | Other, <i>specify</i> : |

4.2: Reasons for decline (selected after completing Q 3.12)

Circle S or P

- | | | |
|---|---|--|
| S | P | Concerns over delay to funeral/burial process |
| S | P | Concerns regarding integrity of process e.g unfair organ allocation, organ selling |
| S | P | Disagreements among the family group |
| S | P | Dissatisfaction with the patient's treatment in the ICU |
| S | P | Dissatisfaction with the patient's treatment in other areas of the hospital |
| S | P | Dissatisfaction with duration of the donation process |
| S | P | Longstanding negative views on organ donation |
| S | P | Not wishing surgery to the body/concerns regarding disfigurement |
| S | P | Emotional exhaustion |
| S | P | Religious/cultural reasons |
| S | P | Decided on their own that organs would not be suitable |
| S | P | Thought that the patient had suffered enough |
| S | P | Unable to accept death, lack of understanding of brain death |
| S | P | Uncertainty regarding the patient's wishes |
| S | P | Knew donor's wishes from donor registry / driver's licence |
| S | P | Knew donor's wishes from previous discussion |
| S | P | Other, <i>specify</i> : |

COMFORT Study	Form 5	Pt Initials (first_last) Study No.	_ _ _ _ _ _ _ _ _
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Form 5: Requester details (to be completed by the individual who led the first meeting in Form 3)

5.1 Requester details

5.1.1 Date of birth: |_|_| |_|_| / |_|_| |_|_| / |_|_1_| |_|_9_| |_|_| |_|_| (dd/mm/yyyy)

5.1.2 Country of birth: Australia Other, (specify): _____

5.1.3 Gender: Male Female

5.2 Ethnicity Please tick one or more

<input type="checkbox"/> Oceanian: Australian or New Zealander	<input type="checkbox"/> South-East Asian
<input type="checkbox"/> Oceanian: Aboriginal or Torres Strait Islander	<input type="checkbox"/> North-East Asian
<input type="checkbox"/> Oceanian: Pacific Islander (except Maori)	<input type="checkbox"/> Southern and Central Asian
<input type="checkbox"/> Oceanian: Maori	<input type="checkbox"/> Peoples of the Americas
<input type="checkbox"/> North-West European	<input type="checkbox"/> Sub-Saharan African
<input type="checkbox"/> Southern and Eastern European	
<input type="checkbox"/> North African and Middle Eastern	<input type="checkbox"/> Prefer not to answer

5.3 Religion Please tick one

<input type="checkbox"/> Buddhism	<input type="checkbox"/> Judaism
<input type="checkbox"/> Christianity	<input type="checkbox"/> No religion
<input type="checkbox"/> Hinduism	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Islam	<input type="checkbox"/> Prefer not to answer

5.4 Country completed pre-registration health professional training
Please specify: _____

5.5 Communication training Please tick all that apply

<input type="checkbox"/> Australasian Donor Awareness Program (ADAPT)	
<input type="checkbox"/> Core workshop and attendance	<input type="checkbox"/> some or <input type="checkbox"/> completed
<input type="checkbox"/> Practical workshop and attendance	<input type="checkbox"/> some or <input type="checkbox"/> completed
<input type="checkbox"/> Simulation workshop and attendance	<input type="checkbox"/> some or <input type="checkbox"/> completed
<input type="checkbox"/> Other, specify: _____	
<input type="checkbox"/> Have not attended	

5.6 Years worked in intensive care |_|_| |_|_| years **or** ≤ 1 year

5.7 Number of family donation conversations led in the last complete calendar year? |_|_| |_|_|

5.8 Designation Please tick all that apply

<input type="checkbox"/> RN: Donation Specialist Nurse	<input type="checkbox"/> MD: Intensivist
<input type="checkbox"/> MD: Donation Specialist Medical	<input type="checkbox"/> MD: Registrar (ICU)
<input type="checkbox"/> SW: Social worker	<input type="checkbox"/> MD: Resident (ICU)
<input type="checkbox"/> Other, specify: _____	

5.9 Responsible for the potential donor's medical management while raising donation with the family?

Yes No

Form 6: Potential donor details**6.1 Potential donor details**

6.1.1 Date of birth: |_|_| |_|_| / |_|_| |_|_| / |_|_| |_|_| |_|_| (dd/mm/yyyy)

6.1.2 Country of birth: Australia Other, (specify):6.1.3 Gender: Male Female**6.2 Was the potential donor's donation decision registered in life?**Please tick all that apply

- Yes to donation *found on* AODR and/or RMS
- No to donation *found on* AODR and/or RMS
- Not registered/not found *registers checked* AODR and/or RMS
- Registers not accessed *because* infant/child or overseas resident

6.3 EthnicityPlease tick one or more

- Oceanian: Australian or New Zealander South-East Asian
- Oceanian: Aboriginal or Torres Strait Islander North-East Asian
- Oceanian: Pacific Islander (except Maori) Southern and Central Asian
- Oceanian: Maori Peoples of the Americas
- North-West European Sub-Saharan African
- Southern and Eastern European
- North African and Middle Eastern Missing from medical record

6.4 ReligionPlease tick one

- Buddhism Judaism
- Christianity No religion
- Hinduism Other, specify: _____
- Islam Missing from medical record

6.5 Primary event/cause of deathPlease tick one

- Motor vehicle accident Spontaneous subarachnoid haemorrhage
- Motor bike accident Other spontaneous intracranial haemorrhage
- Cyclist Cerebral infarct
- Pedestrian Hypoxia
- Other road accident Cerebral oedema
- Fall Cerebral tumour, specify benign or malignant
- Other accident Drowning
- Gunshot Hanging
- Felony or crime e.g assault Asthma
- Other, specify:

6.6 Certification of death Brain death criteria Circulatory death criteria

Date |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy) Time |_|_| |_|_| : |_|_| |_|_|

6.7 Admission to this intensive care unit

Date |_|_| |_|_| / |_|_| |_|_| / |_|_2_| |_|_0_| |_|_1_| |_|_| (dd/mm/yyyy) Time |_|_| |_|_| : |_|_| |_|_|

***Forms 2-6 are complete:** _____ (DSN sign) _____ (date)