PHYSICAL ASSESSMENT OF ORGAN / TISSUE DONOR

Donor Details *(as per Donor Verification source below)*			
Surname:		First Name:	
DOB:	DD / MM / YYYY	NHI Number:	

Please use 24-hour time and mark check boxes with a tick

Donor Verification:			
☐ Wrist Band ☐ Ankle Band ☐ Body Bag ☐ Shroud Tag ☐ Other (please state) ……			
The body's physical characteristics (e.g. age, sex, gender, ethnicity, height, weight, signs associated with cause of death), are consistent with available relevant medical records, and the identification is consistent with other documents. ☐ Yes ☐ No			
Person verifying the donor and undertaking the assessment:			
Name:			
Signature:		Date & Time:	DD / MM / YYYY HH:MM

a) Are the following present?

Physical Attribute/Treatment	**Present?**	
ETT	☐ Yes	☐ No
Tracheostomy	☐ Yes	☐ No
Urethral Catheter	☐ Yes	☐ No
PA Catheter	☐ Yes	☐ No
ECMO	☐ Yes	☐ No
Arterial Line *If yes describe location:*	☐ Yes	☐ No
Central Venous Line *If yes describe location:*	☐ Yes	☐ No
NG/OG/Feeding Tube *If yes describe location:*	☐ Yes	☐ No

b) Complete table and diagram on Page 2

ODNZ / NZBS Use Only:			
Donor Number:		Tissue Bank Number:	
Did consultation of Physical Assessment findings occur? ☐ Yes ☐ No **Comments:**			
Donor Coordinator Declaration: Having referred to current Donor Screening Criteria, based on available relevant medical records, and having gained consent, I see no reason to exclude this potential donor from donating: ☐ Eyes ☐ Heart Valves ☐ Skin ☐ No Tissue Applicable			
Name:		Signature:	
Date:	DD / MM / YYYY	Time:	HH : MM

Organ Donation New Zealand

PHYSICAL ASSESSMENT OF ORGAN / TISSUE DONOR

NZ BLOOD
NATIONAL
111F09103

Code	Physical Attribute/Treatment	Present?
1	**IV –** *inc. VAS cath, peripheral IV/IO*	☐Yes ☐UVP ☐No
	Explain:	
2	**Drains** *inc intercostal drain*	☐Yes ☐UVP ☐No
	Explain:	
3	**Non-Medical Injection** *e.g. track marks, needle site (non-hospital)*	☐Yes ☐UVP ☐No
	Explain:	
4	**Scars** *e.g. surgical/trauma, other*	☐Yes ☐UVP ☐No
	Explain:	
5	**Rash/Scabs/Skin Lesions (non-genital)** *e.g Mole, Skin Tag(s) Blue/Purple (grey/black) spots or lesions*	☐Yes ☐UVP ☐No
	Explain:	
6	**Laceration/Wound** *inc. abrasion, bruise, contusion, haematoma, dressing*	☐Yes ☐UVP ☐No
	Explain:	
7	**Fracture Dislocation** *inc. cast or ortho device*	☐Yes ☐UVP ☐No
	Explain:	
8	**Tattoos/Piercing** *note if suspected to be new*	☐Yes ☐UVP ☐No
	Explain:	
9	**Jaundice or Enlarged Liver**	☐Yes ☐UVP ☐No
	Explain:	
10	**Enlarged/Abnormal Lymph Node(s)**	☐Yes ☐UVP ☐No
	Explain:	
11	**Nasal and Oral Cavities** *e.g. cavities, thrush, trauma, septal perforation, white/yellow spots in mouth*	☐Yes ☐UVP ☐No
	Explain:	
12	**Abnormal Ocular Findings**	☐Yes ☐UVP ☐No
	Explain:	
13	**Genital Lesions**	☐Yes ☐UVP ☐No
	Explain:	
14	**Perianal Lesions or Anal Trauma**	☐Yes ☐UVP ☐No
	Explain:	

Surname:		First Name:	
DOB:	DD / MM / YYYY	NHI Number:	

Complete the table and indicate signs of any physical attribute/treatment on the diagram by adding the associated code.
"Yes" – include explanation.
"UVP" (Unable to visualise/palpate) – include explanation.
"No" - must be ticked if physical attribute is not present.