



## ODNZ Eye Tissue Donation Checklist

For Ward Staff

<b>Details for ODNZ Handover:</b> Please have these details ready prior to phoning ODNZ	<b>YES</b>	<b>NO</b>
Name, DOB, NHI	<input type="checkbox"/>	<input type="checkbox"/>
Cause of death	<input type="checkbox"/>	<input type="checkbox"/>
Brief medical history	<input type="checkbox"/>	<input type="checkbox"/>
Absolute contraindications Refer to Eligibility sheet	<input type="checkbox"/>	<input type="checkbox"/>
Any ophthalmology history	<input type="checkbox"/>	<input type="checkbox"/>
Tissue Donor Bloods taken	<input type="checkbox"/>	<input type="checkbox"/>
IV fluids or transfusion details from preceding 48 hours	<input type="checkbox"/>	<input type="checkbox"/>
<b>Send to ODNZ:</b>	<b>YES</b>	<b>NO</b>
Admission report	<input type="checkbox"/>	<input type="checkbox"/>
Medical history documents	<input type="checkbox"/>	<input type="checkbox"/>
Physical Assessment Bedside nurse to complete	<input type="checkbox"/>	<input type="checkbox"/>
Family Details for ODNZ <ul style="list-style-type: none"><li>Contact person</li><li>Contact details</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ODNZ will complete:</b>	<ul style="list-style-type: none"><li>Organisation of blood pack</li><li>Consent</li><li>Medical/Social questionnaire</li><li>Family/whanau follow up</li></ul>	

Please email documentation to the ODNZ on call donor coordinator at:  
contactus@donor.co.nz