

## ODNZ Physical Assessment Guide



Organ Donation New Zealand

NATIONAL  
111F09102

### PHYSICAL ASSESSMENT OF ORGAN / TISSUE DONOR

Complete patient details.

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

Confirm location of identification band.  
Tick 'Yes' or 'No' to confirm  
Characteristics identified are consistent  
with all other records.  
Enter date/time and sign to confirm you  
have completed this form.

a) Are the following present?

Physical Attribute/Treatment	Present?	
ETT	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Tracheostomy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Urethral Catheter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
PA Catheter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ECMO	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Arterial Line	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes describe location:		
Central Venous Line	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes describe location:		
NG/OG/Feeding Tube	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes describe location:		

Each physical attribute must have a  
tick in either the 'Yes' or 'No' box, this  
cannot be left blank.  
If an arterial line, central venous line or  
NG/OG tube is present, please  
specify the location in space  
provided.

b) Complete table and diagram on Page 2

ODNZ to complete,  
please leave blank.

ODNZ / NZBS Use Only:	
Donor Number:	Tissue Bank Number:
Did consultation of Physical Assessment findings occur? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Eyes	<input type="checkbox"/> Heart Valves
<input type="checkbox"/> Skin	<input type="checkbox"/> No Tissue Applicable
Name:	Signature:
Date:	Time:



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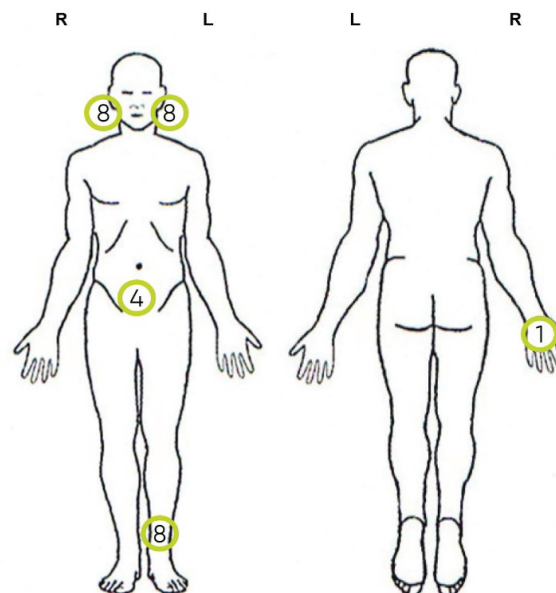
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### PHYSICAL ASSESSMENT OF ORGAN / TISSUE DONOR

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

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.



Complete patient details

Any Physical attribute that is checked 'Yes,' must have the corresponding numerical code marked in the location on the body map

Each Physical attribute/treatment has a corresponding numerical code.

All Physical attributes/treatments must have either the 'Yes,' 'No,' or 'UVP' box checked  
NB: UVP = unable to visualise or palpate, only to be checked in extenuating circumstances

If a Physical attribute is checked 'Yes,' use the 'Explain' box to describe and specify location