



DR. PABLO O. TORRE  
MEMORIAL HOSPITAL

# RIVERSIDE MEDICAL CENTER, INC.



**METRO PACIFIC HEALTH**  
THE HEART OF FILIPINO HEALTHCARE

## DEPARTMENT:

Medical Services Division

## POLICY NUMBER:

DPOTMH-MPP-MSD-P011 (01)

## TITLE/DESCRIPTION:

### ORGAN AND TISSUE DONATION POLICY

## EFFECTIVE DATE:

May 6, 2025

## REVISION DUE:

May 5, 2028

## REPLACES NUMBER:

N/A

**NO. OF PAGES:** 1 of 6

**APPLIES TO:** Medical Services Division

**POLICY TYPE:** Multi disciplinary

## PURPOSE:

Dr. Pablo O. Torre Memorial Hospital (DPOTMH) is committed to upholding ethical, legal, and safe practices in the donation, retrieval, and transplantation of human organs and tissues. This policy aligns with Republic Act No. 7170, the "Organ Donation Act of 1991," and relevant Department of Health (DOH) administrative orders.

## DEFINITIONS:

**Decedent** – A deceased individual, including stillborn infants or fetuses.

**Donor** – An individual authorized to donate all or part of the body of a decedent.

**Testator** – An individual who makes a legacy of all or part of his body.

**Part** – Organs, tissues, fluids, bones, arteries, blood, eyes, etc.

**Immediate Family** – Spouse, children of legal age, parents, siblings of legal age, or legal guardian.

**Death** – Irreversible cessation of circulatory/respiratory or brain functions, certified by two qualified physicians.

## RESPONSIBILITY:

Physician, Nurse

## POLICY:

### I. Eligibility to Donate

#### A. While Alive (Legacy)

- Any individual  $\geq 18$  years old and of sound mind may donate all or part of their body via written documentation (e.g., organ donor card, national ID annotation, or living will).

#### B. After Death (Donation)

- Any of the following may donate a decedent's body in the stated order if no objection was made by the decedent:
  - Spouse
  - Children of legal age
  - Either parent
  - Siblings of legal age
  - Legal guardian

In the absence of these persons and if the body remains unclaimed or in trauma cases, the medical director or designated officer may authorize donation after all reasonable efforts (within 48 hours) to contact the family.





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## II. Procedural Guidelines

### A. Identification and Consent

#### 1. Donor Identification and Eligibility Screening

- All patients who are deceased or nearing end-of-life, particularly those from the Emergency Room (ER), Intensive Care Unit (ICU), or medico-legal cases (e.g., trauma, sudden cardiac death), must be screened for organ and tissue donation potential.
- Screening should be based on established clinical triggers, such as:
  - Glasgow Coma Scale  $\leq 5$  with no chance of recovery
  - Brain death or circulatory death determination
  - Ventilator-dependent patients undergoing withdrawal of care
- The nurse-in-charge or attending physician must check for:
  - Organ donor card or national ID donor annotation
  - Any prior written or verbal intent expressed by the patient
- If any documentation exists, this must be flagged in the patient's Electronic Medical Record (EMR) and reported to the designated Transplant Coordinator.

#### 2. Determination and Certification of Death

- Death must be declared and certified according to medical standards and in compliance with RA 7170:
  - Brain Death: Confirmed by two (2) independent, qualified physicians who are not members of the transplant team and not involved in the care of the recipient.
  - Cardiopulmonary Death: Defined by irreversible cessation of circulatory and respiratory functions.
- Death must be documented clearly in the patient's chart, with attached Death Certification and Brain Death Declaration forms if applicable (see Appendix C).

#### 3. Consent and Communication with Family

- Upon confirmation of eligibility, the designated Transplant Coordinator or trained healthcare provider must:
  - Initiate a compassionate, private, and non-coercive discussion with the patient's immediate family as defined in RA 7170 (e.g., spouse, adult child, parent).
  - Provide verbal and written information about the nature, process, and purpose of organ and tissue donation.
  - Use layman's terms, and allow sufficient time for family members to ask questions and express concerns.
  - Offer grief support or spiritual services if appropriate.



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- Secure written informed consent from the family using the hospital's Organ Donation Consent Form (Appendix A). This form must:
    - Be signed by the consenting next-of-kin
    - Be witnessed by two (2) hospital staff (preferably including a physician and a nurse or social worker)
    - Indicate the specific organs or tissues agreed for donation, if applicable
  - Ensure a copy of the signed consent is filed in the patient's medical record, with the original submitted to the Total Quality Division or Hospital Ethic's Committee Office.
4. Documentation and Tracking
- The donor case must be logged in the hospital's Organ Donation Registry or Tracking Log (Appendix F).
  - All communications and consent activities must be documented in detail, including:
    - Date and time of family approach
    - Name and Roles of staff present
    - Summary of discussion and family response
  - Notify the National Organ Procurement Program (NOPP) or accredited transplant center once consent is obtained for retrieval coordination.

## B. Coordination and Retrieval

1. Hospital Transplant Coordinator
  - Coordinates with the organ bank (e.g., NKTi), documents donor history, and ensures compatibility testing.
2. Removal and Transport
  - Performed only by authorized surgeons or physicians in accredited hospital facilities.
  - Avoid unnecessary mutilation; document procedure in the medical record.

## III. Public Awareness and Information

In accordance with Section 15 of the Act, the hospital will support DOH campaigns and integrate awareness materials in outpatient departments, ID cards, and admission kits.

## IV. Data Privacy and Legal Protection

- All donor information shall be kept confidential in accordance with the Data Privacy Act.
- Any personnel acting in good faith within the provisions of this policy shall be legally protected from civil or criminal liabilities.





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## V. Prohibited Acts

- No organ shall be removed without appropriate certification of death.
- No physician involved in donor death certification shall be part of the transplant team.
- Commercial sale of organs or tissues is strictly prohibited.

## VI. Monitoring and Compliance

- The hospital's Ethics Committee and Total Quality Division shall review cases quarterly.
- Incident reporting and audits shall be done in cases of non-compliance.

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<b>PROCEDURE (SOP):</b> N/A
<b>WORK INSTRUCTION:</b> N/A
<b>WORK FLOW:</b> N/A
<b>FORMS:</b> <ol style="list-style-type: none"><li>1. Appendix A: Organ Donation Consent Form</li><li>2. Appendix B: Donor History &amp; Assessment Form</li><li>3. Appendix C: Brain Death Certification Template</li><li>4. Appendix D: Chain of Custody Form</li><li>5. Appendix E: Post-Donation Summary Form</li><li>6. Appendix F: Staff Training Log on Donation Discussions</li></ol>
<b>EQUIPMENT:</b> N/A
<b>REFERENCES:</b> <ol style="list-style-type: none"><li>1. Republic Act No. 7170 (Organ Donation Act of 1991)</li><li>2. World Health Organization (WHO) Guiding Principles on Human Cell, Tissue, and Organ Transplantation</li></ol>

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