

Notification of Organ Donation Patient (Southland)

Please discharge patient as follows:

- Discharge method: **Organ Donation**
- Destination: **Continuing Care**
- Outcome: **Ongoing Care**

Discharge time: _____ (this is the time of second Brain Stem Test)

Please re-admit patient as follows:

- Clinician: **Donor Surgeon**
- Speciality: **Surgical Services**
- Ward: **Southland – Critical Care**
- Actual Bed: _____

Administrative Tab:

- Provider Code: **DHB Funded Purchase**
- Admission Source: **Routine**
- Admission Type: **Arranged Admission (seen < 7 days)**
- Management Intention: **Intended Day Case**
- Suppress NHI Event: **No**

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