



# Emergency nurse initiation of discussion about tissue donation with suddenly bereaved relatives

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Received 31 March 2008; received in revised form 9 July 2008; accepted 9 July 2008

## KEYWORDS

Tissue donation;  
Emergency nurse;  
Suddenly bereaved;  
Communication

**Abstract** This service evaluation assesses the frequency of emergency nurse initiation of discussion about tissue donation with suddenly bereaved relatives. Data was retrieved from one accident and emergency department (A&E) in the North of England between January 2006 and December 2007. It is clear from the service evaluation that insufficient initiation of discussion occurs and a range of reasons for non-initiation are identified. Of concern here, non-initiation impacts on the potential number of people in the United Kingdom who could benefit by sustaining life or improving quality of life and nurses need to be encouraged to provide choices for the donor, their family and the recipient. Further, the findings have implications for training, mentoring and supervising emergency nurses, application of a written policy and scope for future research.

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## Introduction

The Human Tissue Act (DH, 2004) provides for health professionals to take the minimum steps necessary to preserve the organs of a deceased person for use in transplantation until their wishes are known. Further, the wishes of the deceased take precedent over those of the family and friends. Despite streamlined processes there

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remains substantial unmet need (UK Transplant, 2008). Emergency nurse initiation of discussion about tissue donation should proceed as early as possible after death pronouncement and notification to relatives to enable the preparation of the body for retrieval.

## Background

An electronic literature search of the National Library for Health was conducted for the period 1998–2008 using the following databases: British Nursing Index, Embase, Medline, PsychInfo and Cinahl. Title and abstract search terms selected were 'tissue donation', 'accident and emergency', 'emergency nursing', 'sudden death' and, 'sudden bereavement'. A combined search generated 21 items from which four were relevant (Collins, 2005; McGrath and Boulstridge, 1999; Morrissey, 2008; Sque et al., 2008).

Other organ donation literature is published in relation to emergency and critical care nursing (Chang et al., 2002), emergency physicians (Olsen et al., 1998) and students from both professions (Cantwell and Clifford, 2000). Sque and Payne (1996) explained the loss experienced by donor relatives and asked why some relatives did not donate organs for transplant (Sque et al., 2008).

McGrath and Boulstridge (1999) used telephone survey of 30 A&E nurses to investigate a potential source of tissues for donation, from non-heart beating donors. Evaluation in their own A&E department revealed three occasions of tissue donation out of 110 deaths. Seven departments (23%) had actively requested tissue donation after a sudden death, twelve departments (40%) had held, or were planning, staff training and education. Eighteen departments (60%) had no policy though in 24 departments (80%), the interviewee knew how to contact the local transplant coordinator. Significantly, after the local eye bank declared a shortage of retrieval rates increased to almost 100%. Collins (2005) conducted a survey on nurses' knowledge and educational needs regarding organ and tissue donation in adult intensive care (ITU). Thirty-one registered nurses reported that they lacked confidence in approaching relatives for donation consent suggesting they would benefit from education. The study highlighted that very little research exists which identifies nurses' knowledge and educational requirements in respect of organ donation. Morrissey (2008, p.6) claimed that emergency department staff lack confidence and experience in approaching families and empathised

that whilst emergency nurses are "...experienced in breaking bad news, they are usually uncertain about discussing this subject...". Further, where discussion about tissue donation was initiated there was no guarantee of agreement to donate or that tissue was actually donated (Sque et al., 2008).

## Donated tissues for transplant

Whilst organ donation involves the removal of whole organs in controlled areas such as ITU or operating departments, tissue donation occurs mainly in the mortuary. Although there is no definitive list, a range of tissues may be retrieved for transplantation as follows:

- Heart valves
- Skin
- Bone
- Tendons
- Cartilage
- Meniscus
- Corneas
- Sclera

Heart valves may be transplanted to save the lives of patients suffering valve disease. Following improvements in heart surgery congenitally damaged valves in very young children may be replaced and about 800 heart valve transplants are performed annually. Skin may be transplanted to reduce pain and scarring in patients suffering burn injury and many donations of skin may be required to prepare the underlying tissues for cosmetic grafting later. Bone is vitally important in reducing pain and improving mobility and approximately 10,000 bone grafts are performed annually. Tendons, cartilage and meniscus tissue can be transplanted in patients with damaged knee joints, often from sports injuries, contributing to earlier mobilisation. In 2006–2007, 2407 cornea transplants were performed, from 4115 cornea donors of which 1866 donated only the cornea (UK Transplant, 2008).

## Process of donation

The process establishes the awareness and agreement to donation by relatives in a qualifying relationship with the deceased which is ranked under Part (4) 'Provision with respect to consent' of the Human Tissue Act (DH, 2004), so for example, a

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