

**CLINICAL TRIGGER RESPONSE GUIDELINES**  
**EMERGENCY DEPARTMENT**

The graphic features a pink background with a repeating pattern of small hearts. At the top left is a logo with a heart and the text 'donate life'. Below it, the text 'clinical trigger' is written in a large, white, sans-serif font. Underneath, a question asks 'Have you given your patient the opportunity to G.I.V.E?'. The word 'GIVE' is spelled out in large, bold, black letters, each in its own grey box. Below each letter is a pink box containing a clinical criterion: 'GCS ≤ 5', 'Intubated', 'Ventilated', and 'End of life care'. At the bottom, three arrows point right, labeled 'Due to irreversible brain injury', 'With age <80 years', and 'Family discussion on end of life care'. A small box at the bottom left contains the text 'Endorsed by ACEM ANZICS College of Intensive Care Medicine ACECN'.

**Contact the ICU Registrar  
(58325 or Pager 320)**

**For assessment  
regarding the potential  
for organ and tissue  
donation**

1. The patient is identified as fulfilling the GIVE clinical trigger.
2. The Emergency Department staff contact the ICU registrar to review patient regarding suitability for organ donation
3. The ICU Registrar reviews the patient to assess nature of brain injury, current clinical status (as per *Medical Assessment of a Potential Organ Donor Guidelines*)
4. The ICU registrar must always discuss the above with the on call ICU Specialist or the Hospital Medical Director of Organ and Tissue Donation (HMD). No decision to withdraw supportive treatment for a patient meeting the 'GIVE' Clinical Trigger should occur prior to discussion with the on call ICU Specialist./HMD
5. The ICU Specialist/HMD may contact the Victorian Organ Donation Agency if there is any question about medical suitability.
6. The ICU Specialist / HMD will discuss the potential for organ donation with the family.
7. If the family wish for organ donation the patient is admitted to ICU for end of life care and to facilitate organ donation
8. Prior to admission to ICU the ICU registrar should maintain close contact with the ED to ensure the potential donor has optimal physiological support (as per *Medical Management of a Potential Organ Donor Guidelines*) and that the family receives appropriate support.
9. Ongoing discussions regarding end-of-life care and organ and tissue donation should be coordinated by the treating ICU Specialist/HMD.
10. All discussions surrounding the potential for donation and any discussions with the next of kin should be documented clearly in the patient medical record.
11. If the patient is not suitable for organ donation they may still be a suitable tissue donor.