



Tissue & Eye Donation Notification Information for Medical Examiners

Call in every death, every time

IDN 24 Hour Notification Line: 800-831-4131

Purpose of the Notification Call: MEs and MEIs notify Iowa Donor Network (IDN) of all deaths when death occurs outside of the hospital setting to determine decedent's candidacy for donation.

The Notification Call:

Timely call to 800-831-4131 from ME/MEI is within 1-3 hours of time of death

- The earlier the call, the more likely we can preserve the opportunity of donation

Contact IDN before releasing to the funeral home

Contact IDN before topic of donation is broached with the family

Estimated length of call is 5-10 minutes

The Donation Specialist will ask for the following information:

- | | |
|----------------------------|----------------------------|
| • ME demographics | • Next-of-kin information |
| • Decedent demographics | • Autopsy information |
| • Cause of death, if known | • Funeral home information |
| • Decedent medical history | • Location of decedent |
-

After the Notification Call:

- If the decedent is a candidate for donation, IDN will secure release from the Medical Examiner
- IDN will contact NOK to discuss the option of donation
- Staff may be asked to place ice on the body and document what time cooling begins



Iowa Donor Network Referral Information

1-800-831-4131



This form serves as a reference guide for common questions asked when making a referral call to Iowa Donor Network. There may be additional questions.

AGENCY INFORMATION:

Your name, title, hospital name, phone number, and scene location

PATIENT INFORMATION AND PAST MEDICAL HISTORY:

Patient Name: _____ DOB: _____ Age: _____ Gender: _____

Height: _____ Weight: _____ Race: _____

Cause of death: _____ Date of death: _____ Time of death: _____

Last time known alive (out of hospital or not witnessed): _____

Clinical course/circumstances surrounding death: _____

EMS Interventions: _____

Condition of the body: _____

History of: HIV: _____ Hepatitis B: _____ Hepatitis C: _____

Cancer: _____ Type: _____ When: _____ Chemo: _____ Radiation: _____

Alzheimer's: Yes _____ No _____ OR medications used to treat Alzheimer's: Aricept/Donepezil; Rivastigmine/Exelon; Galantamine/Razadyne; Tacrine/Cognex; Namenda

IV fluids/IV meds given in the hour prior to death: Yes _____ Amount: _____ mls

How many IV/IO attempts: _____ Where: _____

Past Medical History: _____

Medications: _____

ADDITIONAL INFORMATION:

Family, Next of Kin or Durable Power of Attorney:

Name: _____ Relationship: _____ Number: _____

Medical Examiner case: Yes _____ No _____ Name of ME: _____

Contact Number: _____ Autopsy: Yes _____ No _____

Funeral Home name: _____ Number: _____



DONOR NETWORK

Tissue Donor Trigger Cards

To request trigger cards for your agency please contact us at contact@iadn.org

**Donation Referral
Guide**

**REFER EVERY
DEATH,
EVERY TIME**
within 1 hour of time of
death

24 HOUR REFERRAL LINE:
800-831-4131

Visit ***IowaDonorNetwork.org*** for more
information and donation resources.

Common Referral Questions

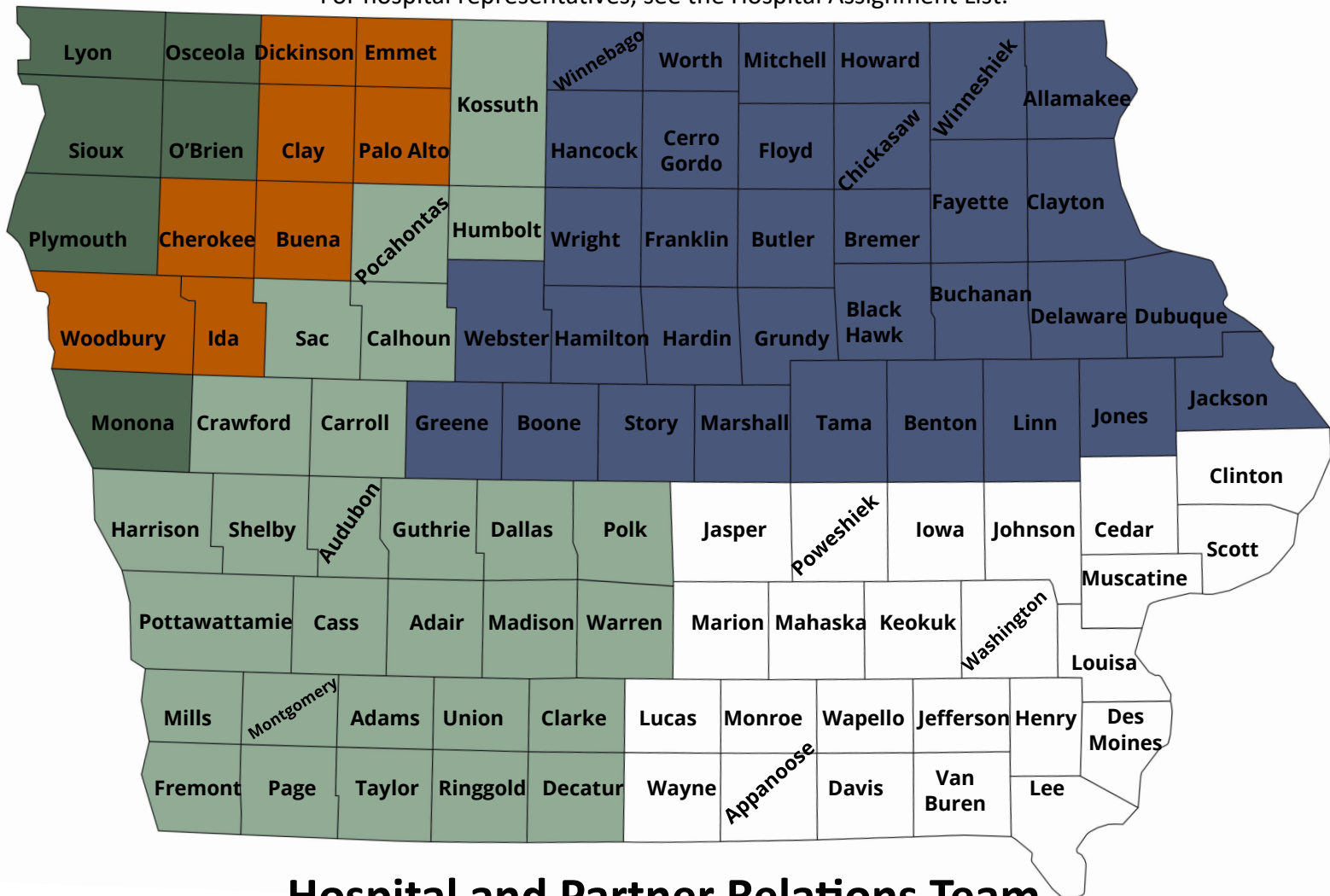
Agency Demographics
Patient Demographics
Patient Medical History
Partnering Agency
Information (Funeral
Home/Medical Examiner)

 - Do not bring up
donation with the
family
- Wait to notify the funeral
home until IDN referral
made

Meet Your Iowa Donor Network Representative

This map indicates out-of-hospital agency territories only.

For hospital representatives, see the Hospital Assignment List.



Hospital and Partner Relations Team



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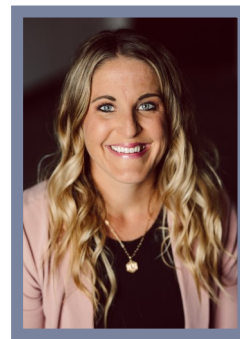
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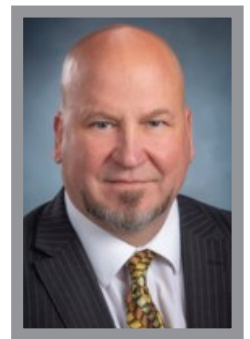
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