

Core Competencies

for the
Procurement Transplant Coordinator

Updated in 2009



Assumption Statements

This document outlines the core competencies for practitioners/coordinators in the field of clinical transplantation.

These general practitioner/coordinator competencies are broad in scope to acknowledge the diverse professional practices unique to each transplant center.

These competencies are meant to be applicable to both adult and pediatric age groups.

LEGEND

Competency Category

Competency statement(s)

Specific core competencies of behaviors/tasks/responsibilities

- Subcategories of behaviors/tasks/responsibilities

The Clinical and Procurement Coordinator maintain patient records, both donor and recipient, in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

1. Hospital Development (HD) and Professional Education

The Procurement Transplant Coordinator (PTC) works within assigned hospitals to promote an effective donation system. Ensuring key elements include the referral of all potential organ and tissue donors to the Organ Procurement Organization (OPO), analysis & application of donation specific data; establishing a customized donation awareness program ; education and development of relationships at all levels. The PTC is responsible for continuous improvement. to effectively facilitate the donation process and meet the needs of the hospital and community.

The PTC

Analyzes each hospital's organ and tissue donor potential through regularly scheduled patient death record reviews (DRRs), optimally done in real time and coordinates with actual referral activity data.

Develops a demographic profile for each hospital, including data relative to key contacts, donation trends, education and quality improvement activities.

Identifies and meets with key hospital personnel and physicians who may impact the donation process. Ensures support of senior leadership, physician and clinical champions while building effective relationships.

Involves key leadership within the hospitals to generate effective strategies for results. Collaborates with identified liaisons from the hospital staff from ER, ICU, OR and other key contacts including physicians to ensure an effective donation system.

Establishes organ and tissue donation policies and procedures (P & Ps) with key hospital personnel, and assists in reviewing and/or revising P & Ps as they relate to ongoing donation program needs.

Collaborates with medical staff to ensure current P & Ps for the determination of death follow state regulations.

Identifies physicians from appropriate medical departments/specialties (i.e., Neurosurgery, Neurology, Emergency Medicine, Trauma) where there is significant opportunity for donor referral and/or management and meets to discuss donation process and a coordinated plan.

Establishes in collaboration with the hospital a strategic business plan which customizes the donation process and allows efficient processes. Modifies plans as necessary to meet the mutually established goals for education, conversion and quality.

Establishes a written agreement, "Memorandum of Understanding" (MOU), or equivalent document between the hospital and organ/ tissue procurement organization (OPO) which formalizes the business relationship between entities.

Establishes a referral mechanism in which early referral of potential organ donors is made based upon mutually acceptable clinical triggers for imminent death.

Establishes a consent process for each organ and tissue referral based upon hospital policy and best practices for donation, including an effective request process.

Utilizes death record review /mortality data to evaluate the performance of the donation process in all assigned hospitals. Establishes a plan with the hospital to determine root causes for variance to policies or expected donation outcomes.

Provides feedback to key personnel and makes recommendations for improvements on the hospital's statistical performance of the donation program if needed.

Compiles and maintains a hospital-specific file that includes, but is not limited to, demographic profile, P & Ps, educational programs, activities, contacts, compliance statistics, and the HD strategic business plan.

Conducts public and professional organ and tissue donation educational activities in support of public and professional target groups:

- Identifies target groups to assess and prioritize the need for education
- Develops education programs and materials for specific target groups
- Provides education programs for target groups.

Coordinates professional education activities with other organizations involved in donation or transplantation.

Reviews written evaluations from formal and informal educational presentations and incorporates changes as appropriate based upon written evaluations of professional education presentations.

Collaborates with the identified hospital donation liaison from the hospital staff to ensure an effective donation system.

Coordinates department/specialty communications to manage donor referral/management process with physician and clinical champions as appropriate.

Coordinates unit-specific educational programs and others as appropriate to meet the needs of the hospital.

2. Organ and Tissue Donor Evaluation

The PTC evaluates referrals for organ and tissue donor suitability based on OPO, OPTN/UNOS, AOPO and CDC guidelines/recommendations and other regulatory requirements.

The PTC

Responds to hospital's referral of a potential donor (as defined by AOPO, OPTN/UNOS, and others) by telephone or on-site in a timely manner.

Develops a plan with hospital staff for on-site evaluation of the potential donor in accordance with OPO and hospital protocols.

Reviews the patient's current and past medical records.

Along with medical oversight from the OPO, determines potential for organ and tissue donation after brain or cardiac death.

Works in conjunction with local tissue and eye banks to ensure recovery of all useable, consented tissues.

Determines if conditions exist that may influence donor acceptance.

Identifies and documents the presence of past or present malignancies, including primary brain tumors, and all surgical intervention/treatments.

Identifies and documents all other surgical intervention/treatments.

Identifies and documents the presence of current or recent infectious conditions.

Identifies and documents confirmed human immunodeficiency virus antibody sero-positive results.

Identifies and documents high-risk behaviors for viral transmission as outlined by the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and OPO protocols.

Documents hospital and pre-hospital course (referring site and transport). Documents transport/OR/special procedures (DPL, CT, MRI).

Identifies and documents traumatic injuries directly impacting specific organs and tissue.

Documents and diagrams associated injuries.

Documents all resuscitation/downtime including treatments.

Screens potential donors based on established OPO and OPTN/UNOS guidelines in consultation with OPO medical director and/or administrators on call.

Implements the procedure for decision making regarding donor suitability.

Collaborates with hospital and other procurement staff to ensure the family will not be approached for organ and tissue donation when patient is determined to be medically unsuitable.

Differentiates between brain death and cardiac death:

- Recognizes the clinical criteria used for donation after cardiac death
- Recognizes the clinical criteria used to diagnose brain death.

Recognizes extrinsic factors that may interfere with the diagnosis of brain death such as hypothermia, drugs affecting central nervous system (CNS) function and metabolic derangements.

Evaluates and assesses criteria used to diagnose brain death.

Understands the use of confirmatory tests used to diagnose/confirm brain death.

Assures adequate documentation of brain death through medical record documentation by physician, including date, time of death, criteria used, statement of brain death, and physician(s) signature(s).

Collaborates with appropriate hospital staff to report the death to the medical examiner (ME) or coroner.

Documents pre-mortem report to ME/coroner, with physician, in cases of potential donation after cardiac death (DCD).

Documents ME/coroner release or restrictions to donation in the patient's medical record, as well as the donor record, including ME/coroner name, date/time of contact, and requests for blood, records, and restriction details.

Obtains pre- and/or post-transfusion serum/blood specimens for serological testing.

Coordinates serological testing with a Clinical Laboratories Improvement Amendments (CLIA)-certified laboratory/technician and determines timing of results.

Obtains blood sample for ABO-blood typing/sub-typing and crossmatching for blood products as necessary.

Obtains a hard copy of the ABO blood type (subtypes) and any additional ABO confirmation(s) as required.

Obtains an accurate weight and height.

Registers donor with OPTN/UNOS and obtains identification number and donor-specific organ and tissue allocation lists.

Obtains blood and/or inguinal lymph nodes for the tissue-typing laboratory(s) to ascertain human leukocyte antigen (HLA) and crossmatching requirements in accordance with OPO and OPTN/UNOS requirements.

Obtains a surgical consult to recover inguinal lymph nodes as necessary.

Documents donor physical exam (after declaration and ME/coroner clearance per OPO/local protocol).

Performs/obtains all pertinent tests/consults to assess general and organ and tissue specific suitability and documents the results in the donor record.

Documents all general and organ and tissue specific tests in accordance with OPTN/UNOS/medically-related standards. See Appendix A for recommended test(s).

Identifies abnormal trends in laboratory results.

Reviews and documents toxicology results.

Assesses and documents current and cumulative hydration status and urine/total output.

Documents:

- all blood products received
- medications, pressors, and drips
- vital sign trends
- results of cardiac consult including 12 lead EKG, CXR, arterial blood gases (ABGs), cardiac enzymes (CPK with MB fraction, troponin), echocardiogram, and cardiac catheterization
- results and interpretation of pulmonary consult/evaluation including CXR, ABGs (serial and with O₂ challenge), sputum culture with gram stain, lung/chest measurements as necessary, bronchoscopy, and considers CT scan when indicated by medical history and clinical request.
- serial ABGs including all ventilator settings.

Assesses and documents:

- hemodynamic profile
- cultures and sensitivities
- need for antibiotic therapy.

Obtains copies of CXR, echocardiogram, and catheterization films/tapes/disks/CDs.

Obtains a hard copy of serology results and documents the results in the donor record.

Reports positive serology results in accordance with OPO and OPTN/UNOS guidelines.

3. Family Approach and Informed Consent

The PTC ensures that the legal next-of-kin (NOK) is provided the option of organ and tissue donation in a sensitive and caring manner that meets his/her emotional and cultural needs.

The PTC

Is highly skilled in communication and conflict resolution.

Understands the grieving process of families faced with the sudden death of a loved one.

Communicates with the physician and hospital staff to learn of the patient's clinical status and family's understanding of the clinical condition.

Collaborates with physician and hospital staff to ensure the family understands the hopelessness of the patient's clinical condition prior to the discussion of donation.

Identifies the patient's legal next-of-kin in accordance with state and Uniform Anatomical Gift Act (UAGA) statutes and understands that legal next-of-kin may not necessarily be the decision maker.

Determines specific cultural and religious beliefs of the patient/patient's family.

Determines need for a language interpreter and ensures the use of a professional interpreter if needed.

Establishes an optimal climate or environment for the collaborative approach to offer the option of organ and tissue donation.

Makes an appropriate introduction to the patient's family.

Extends sympathy to the patient's family.

Evaluates and assesses the family's understanding of the entire situation: injuries, brain death testing, and results of testing.

Evaluates and ensures the family understands brain death and responds appropriately to their questions.

Provides the family with an overview of their options for donation.

Dispels myths surrounding the organ and tissue donation process.

Asks probing questions to ascertain the family's understanding of the information provided about the donation process.

Addresses the family's questions, concerns, and needs.

Supports the family regarding the donation decision (utilizes donor registry status, previous stated wishes by the patient, which may be different from family).

Ensures the family understands the need for all evaluation procedures, which organs and tissue will be recovered, and the timing of the entire donation process.

Explains the consent form and obtains informed consent.

Ensures written documentation of the in-person, telephone, or translated consent in the patient's medical record as well as the donor record.

Discusses plan for follow-up contact with the family, before and after the surgical organ and tissue recovery.

Explains the medical examiner's possible involvement during or after the donation process.

Offers the family resources as available and desired (i.e., support with funeral arrangements, victim services, grief literature, etc.)

Recognizes own limitations and requests additional support and resources as needed and available.

Understands that families may occasionally decline donation when the option of donation is presented at an inappropriate time or in an insensitive manner, and considers re-approaching the family after evaluating their emotional and physical needs.

4. Medical/Social History Interview

The PTC identifies organ and tissue-specific and behavioral risk factors utilizing all available resources.

The PTC

Conducts Past Medical/Social History (PM/SH) interviews sensitively and in a private setting.

Conducts PM/SH interview with family members and/or significant life partners to obtain a medical and social behavioral history. Documents the results of the interview as accurately and with as much probing detail as possible.

Obtains PM/SH from other sources when indicated/necessary and possible.

Seeks additional information from primary care physician(s), surgeon(s) who performed past procedure(s), pathology results, old medical records, or other identified sources.

5. Medical-Legal Activities

The PTC ensures that all medical and legal requirements are met prior to organ and tissue recovery.

The PTC

Reviews hospital brain death policy on all potential organ donors.

Reviews hospital donation after cardiac death (DCD) policy on potential DCD organ donors.

Communicates with declaring physician to ensure documentation of:

- date of death
- time of death
- a statement that patient meets criteria for brain death
- physician's signature.

Assures that appropriate documentation of brain death or death by cardiopulmonary criteria is obtained and placed in the donor record.

Obtains and documents ME/coroner clearance for organ and tissue donation in accordance with local statutes.

Complies with, and clearly documents ME/coroner's requests for limitations on organ and tissue donations.

Coordinates on-site ME/coroner/police request for pre-recovery and intra-operative examinations.

Complies with ME/coroner's requests for donor record documentation and specimens.

Assures written documentation of legal next of kin's informed consent to organ and tissue donation is obtained, whether obtained in person or phone/fax facilitated.

Assures that the consent document is placed in the patient's medical record as well as the donor record.

Assures compliance with all applicable hospital policies, local, state, and federal statutes/regulations.

6. Organ Donor Management

The PTC endeavors to physiologically manage the donor to achieve optimal organ function. The PTC is knowledgeable of the pathophysiological sequelae of brain death.

The PTC

Requests arterial line.

Requests insertion of pulmonary arterial catheter (PA) or central line or similar minimally invasive device.

Assesses/interprets PA line/CVP measurements.

Obtains information from the PA line and documents the data in the donor record.

Assesses ongoing hemodynamics.

Assesses need for and effectiveness of vasopressor support.

Recognizes hypotension.

Titrates vasopressor dosage according to hemodynamics, and evaluates effectiveness of intervention.

Recognizes arrhythmias, significance and implements specific treatment.

Recognizes hypertension.

Titrates anti-hypertensive medication appropriately.

Assesses hydration status.

Adjusts intravenous fluids (IVFs) according to hydration status.

Recognizes hypo/hypervolemia.

Adjusts IVF volumes according to pulmonary arterial and central venous pressures.

Adjusts IVF composition according to laboratory results.

Recognizes laboratory trends and/or abnormalities and recommends appropriate interventions.

Recognizes hypo/hyperglycemia.

Administers insulin according to serum glucose levels.

Recognizes and intervenes to correct acid base imbalances.

Administers sodium bicarbonate or alternate agent (THAM) according to ABGs.

Recognizes hypercapnia by ABGs and treats by adjusting mechanical ventilator settings or considers lung volume recruitment maneuvers per regional protocols

Recognizes hypoxemia by review of on-going clinical condition.

Treats hypoxemia by adjusting mechanical ventilator settings as indicated by ABGs.

Recognizes blood component deficiencies and coagulopathies.

Transfuses with appropriate blood products according to hematology and coagulation test results.

Administers and titrates IVF, colloids, and vasopressor(s) appropriately.

Administers hormonal replacement therapies per OPO protocol.

Recognizes diabetes insipidus (DI).

Administers aqueous vasopressin/DDAVP as indicated for DI.

Recognizes electrolyte imbalances.

Adjusts IV fluid composition according to electrolyte abnormalities.

Recognizes oliguria.

Checks urinary catheter, adjusts IV fluids, and/or administers diuretics.

Recognizes actual/potential infection.

Administers appropriate antibiotic therapy and seeks guidance PRN.

Maintains normothermia via warming/cooling blanket/device(s), as necessary.

7. Organ Allocation

The PTC ensures that donated organs are allocated in an efficient and timely manner in accordance with OPO and OPTN/UNOS policies.

The PTC

Verifies accuracy of ABO typing, weight and height.

Registers the donor with OPTN/UNOS and generates a donor specific list (match run).

Ensures entry of organ-specific information into Donor Net for to allow appropriate allocation decisions by accepting transplant programs.

Provides complete and accurate documentation of donor information to recipient centers.

Emphasizes any donor information that may be classified as high-risk or expanded donor criteria.

Ensures that organs are offered in accordance with organizational and national policies.

Allocates extra-renal organs in accordance with OPTN/UNOS policy or OPTN/UNOS approved local/regional variance.

Makes primary extra-renal organ offers (and back-up offers as per OPO protocols).

Documents acceptance/refusal of organ offer on donor specific list.

Documents appropriate OPTN/UNOS acceptance/refusal codes via Donor Net.

Allocates kidneys in accordance with OPTN/UNOS policy or OPTN/UNOS approved local/regional variance.

Documents appropriately any variance from approved policies.

8. Surgical Recovery and Organ and Tissue Preservation

The PTC ensures organs and tissue will be recovered to maximize utilization in accordance with OPO and OPTN/UNOS policies. The PTC preserves organs and tissue according to OPO and national standards to ensure maximum viability for transplantation.

The PTC

Coordinates operating room (OR) time with nursing and anesthesia staff.

Assists the OR staff as necessary, before, during, and after all recovery and preservation procedures, including post-mortem care.

Assures patient ID band is in place.

Prepares OR and anesthesia staff for organ and tissue recovery procedure(s) by providing a pre-operative briefing and written guidelines.

Discusses contingency procedures for hemodynamic/pulmonary instability with anesthesia staff.

Obtains surgical privileges for visiting surgeons, when needed, and provides a copy of all OPO and surgical personnel names and credentials to the circulator.

Assures brain death, ME/coroner authorization, blood type and consent documentation are in the medical record before the operative procedure begins and makes hospital staff and surgeons aware of complete documentation.

Assures medical record(s) and ID plate/alternative accompanies donor to the OR. Arranges and coordinates safe/monitored transport of the donor to the OR.

Procurement Transplant Coordinator

Assures availability of proper instruments, equipment, and supplies during the surgical recovery.

Assures adequate supply of sterile saline slush for topical cooling.

Requests the need for sterilization of specialized organ and tissue recovery instruments.

Coordinates transportation of recovery teams in a timely and cost efficient/approved manner to the donor hospital.

Introduces OPO and surgical recovery personnel to the OR and anesthesia staff.

Assures a coordinated and informed plan for the sequence of recovery events between all surgical personnel.

Ensures a surgical time-out is called for OPO and hospital to confirm correct information for patient identification and surgical recovery.

Monitors and documents blood pressure, heart rate, and urine output.

Monitors and documents intravenous fluids, transfusions, and medications.

Observes universal precautions throughout the entire surgical recovery procedure.

Assists in surgical recovery procedures as required by specific situation and OPO protocols.

Implements appropriate organ and tissue-specific preservation procedures.

Prepares, hangs, monitors, and records type, characteristic and volume of preservation solution(s).

Assures proper documentation of extra-renal organ and tissue anatomy and abnormal findings.

Assures proper documentation of kidney anatomy, measurements, and abnormal findings.

Assures adequate tissue typing material is recovered for each organ and tissue and archiving.

Obtains a copy of the anesthesia record.

Obtains an intra-operative ABG and records results in the donor record.

Makes copies of the completed donor record for all teams/staff and to accompany each organ and tissue.

Assures proper documentation of all intra-operative biopsy/pathology results.

Assures inclusion of vascular grafts as required with packaged extra renal organs and tissue.

Completes all documentation requirements to include, but not limited to, OR entry, incision, cross-clamp, and exit from OR times.

Distributes tissue-typing specimens to accompany each organ and tissue as necessary.

Assures proper packaging and labeling of organs and tissue typing materials according to OPO, OPTN/UNOS and OSHA standards.

Arranges for, or escorts teams out of hospital to awaiting transport to transplant center.

Arranges and conducts timely transportation of organ(s), tissue typing material, and donor documentation to the appropriate transplant center(s) and histocompatibility laboratories.

Communicates with local tissue and eye banks regarding timing/requirements (i.e., blood specimens, nodes, etc.) for tissue and eye donation as per local protocols.

Assures proper post-mortem care.

Assures original consent form and operative report remains with the patient's medical record as per OPO protocols.

Assures completion of operative report/note/procedures as required by donor hospital/OPO protocols.

Accompanies body to the morgue as necessary.

Assures proper documentation and blood samples for the ME/coroner when appropriate.

Communicates with:

- ME/coroner as arranged
- funeral home as arranged
- donor family as requested

9. Donor Records

The PTC maintains a permanent record of the organ and tissue donation in accordance with accepted confidentiality standards.

The PTC

Assembles donor record and verifies inclusion of all documentation.

Performs a quality assurance review of the donor record to verify accuracy and completion of all documents.

Corrects errors in accordance with AOPO and/or OPO policies and guidelines.

Submits information on organs and tissue transplanted and potential transplant recipient acceptance/refusal codes to OPTN/UNOS.

Assures confidentiality of donor records.

Complies with OPO, OPTN/UNOS, and Health Insurance Portability and Accountability Act (HIPAA) policies and procedures regarding documentation and maintenance of records.

10. Family Post-Donation Communication

The PTC understands and supports the needs of the grieving family and respects the donor family's wishes regarding notification of the donation outcome.

The PTC

Complies with OPO, OPTN/UNOS, and HIPAA policies and procedures when communicating, either verbally or in writing, with donor families.

Obtains recipient follow-up information.

Provides follow-up calls to the donor family as agreed upon in the informed consent process.

Provides timely written communication to donor family regarding donation outcome within six weeks following the recovery of organs and tissue (or a time frame directed by OPO policy).

Ensures appropriate assignment of donation-related charges to the OPO.

Collaborates with transplant centers to facilitate anonymous correspondence between donor family and recipient(s) when mutually desired.

Offers support services to the donor family, which includes a specific number of contacts between the OPO and the family within the first 12 months following donation.

Facilitates donor family and recipient meetings within guidelines set forth by the OPO and transplant center(s).

11. Hospital Post-Donation Communication

The PTC notifies donor family and appropriate donor hospital staff of the donation outcome in a timely manner per OPO protocols.

The PTC

Obtains recipient follow-up information.

Provides follow-up calls and/or post donation visit to referring unit/site.

Identifies participants in the organ and tissue referral, evaluation, management, and recovery process.

Provides a post-donation conference/meeting/ debriefing for all involved and/or interested hospital staff.

Provides timely written communication to all involved hospital staff regarding donation outcome.

Ensures appropriate assignment of donation-related charges to the OPO.

Obtains final culture and sensitivities and reports results to transplant centers per OPO protocols. Communicates with funeral homes as indicated by the donor family and local protocols.

12. Professional Development

The PTC seeks to obtain increased knowledge to enhance individual performance in the organ and tissue procurement profession.

The PTC

Obtains ABTC certification.

Maintains ABTC certification.

Reviews and integrates into practice the current professional literature in the procurement and hospital development field(s).

Attends practice-related conferences and education offerings.

Participates in professional transplant/donation organizations.

Examines current procurement/HD-related research.

Shares knowledge with newly hired PTCs through mentoring/precepting.

Participates in and supports ongoing research within the OPO and publishes results as appropriate.

Assists transplant centers and other community organizations with educational presentations and information appropriate to the needs of the various groups.

Reviews, evaluates and revises educational material and programs for donation and transplant practice.

13. Professional Practice

The PTC conducts him/herself with the highest degree of professionalism in the organ and tissue procurement profession.

The PTC:

Maintains the highest standards of professional conduct.

Assures informed consent for organ and tissue donation.

Protects the rights of patients, their families/legal guardians, and health care team members.

Respects individual privacy and holds confidential all information obtained in the course of action.

Assures open and clear communication with patients, families and health care team members without bias or discrimination.

Plans, conducts and evaluates educational activities for patients, families/legal guardians.

Plans, conducts and evaluates educational presentations, workshops, and seminars utilizing materials developed for professional education. Assures that quality and performance improvement standards are implemented and maintained.

Evaluates self-performance by comparing actual outcomes to expectations.

Maintains current knowledge and complies with institutional policies and procedures.

Monitors hospital referrals and transplant outcomes to meet performance standards required by OPTN/ UNOS, CMS, employer and personal expectations.

Maintains cooperative relationships with other health care professionals.

Acts to protect public trust when health care and safety are endangered.

Abbreviations

ABG Arterial Blood Gases
ABTC American Board for Transplant Certification
ALT Alanine Aminotransferase
AOPO Association of Organ Procurement Organizations
AST Aspartate Aminotransferase
Beta-HCG Beta Human Chorionic Gonadotropin
BUN Blood Urea Nitrogen
CDC Centers for Disease Control and Prevention
CLIA Clinical Laboratory Improvement Amendments
CMS Centers for Medicare and Medicaid Services
CMV Cytomegalovirus
CNS Central Nervous System
CPK Creatine Phosphokinase
CT Computed Tomography
CVP Central Venous Pressure
CXR Chest X-ray
DCD Donation after Cardiac Death
DDAVP Desmopressin Acetate
DI Diabetes Insipidus
DPL Diagnostic Peritoneal Lavage
DRR Death Record Review
EKG Electrocardiogram
FDA Food and Drug Administration
GGT Gamma Glutamyl Transpeptidase
HD Hospital Development
HIPAA Health Insurance Portability and Accountability Act
HIV Human Immunodeficiency Virus
HLA Human Leukocyte Antigen
HTLV Human T-Cell Lymphotropic Virus
INR International Normalized Ratio
IVF Intravenous Fluid
MB Isoenzyme of CPK
ME Medical Examiner
MOU Memorandum of Understanding
MRI Magnetic Resonance Imaging
NATCO, *The Organization for Transplant Professionals*
NOK Next-of-Kin
OPO Organ and Tissue Procurement Organization
OPTN Organ and Tissue Procurement and Transplant Network
OR Operating Room
OSHA Occupational Safety and Health Administration
PA Pulmonary Arterial
P & P Policy and Procedures
PM/SH Past Medical and Social History
PT Prothrombin Time
PTC Procurement Transplant Coordinator
PTT Partial Thrombin Time
RPR Rapid Plasma Reagin
SVR Systemic Vascular Resistance
THAM Tromethamine
UAGA Uniform Anatomical Gift Act
UNOS United Network for Organ Sharing
VDRL Venereal Disease Research Laboratories