# Donation after Circulatory Death (DCD)

|  |  |  |
| --- | --- | --- |
| ACCP’s Surname |  | |
| ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |  |
| --- | --- | --- |
|  | **Satisfactory / Unsatisfactory** | **If yes, please describe how and when this need was met.**  **If no or in progress, please explain why not or how the need is progressing.** |
| Diagnose death using circulatory criteria (5 minutes of observed loss of cardiac output and apnoea followed by testing for loss of pupillary reflexes to light, loss of corneal reflexes and absent response to supra-orbital ridge pressure) in a safe and timely fashion |  |  |
| Accurately documents the diagnosis of death |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **GMC /NMC NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade |
| Signature of observing clinician |  | |

***Please complete this form in BLOCK CAPITALS and BLACK ink***

|  |  |  |
| --- | --- | --- |
| ACCP’s Surname |  | |
| ACCP’s Forename(s) |  | |
| NMC/equivalent Number |  | **NUMBER MUST BE COMPLETED** |

|  |  |  |
| --- | --- | --- |
| Observed by |  | |
| GMC/NMC Number |  | **GMC /NMC NUMBER MUST BE COMPLETED** |
| Date |  | Profession/grade |
| Signature of observing clinician |  | |

**Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Practice was satisfactory** | Tick one | Assessor’s signature |
|  | **Practice was unsatisfactory** | Tick one | Assessor’s signature |
| Expand on areas of good practice. You **MUST** expand on areas for improvement for each unsatisfactory score given.  If you have rated the performance unsatisfactory, you **MUST** indicate which elements were unsatisfactory | | | |
| **Example of good practice were:**  **Areas of practice requiring improvement were:**  **Further learning and experience should focus on:** | | | |

Reflective Account Form – DCD

Completing a reflective account about DCD confirmation can be used as part of your revalidation cycle demonstrating that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

|  |  |
| --- | --- |
| **Discussion topic**  **Organ Donation** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Name of reviewer** |  |
| **NMC/HCPC/GMC number** |  |
| **Signature** |  |

Reflective Account Form – DCD

Completing a reflective account about DCD confirmation can be used as part of your revalidation cycle demonstrating that you are meeting the needs of the NMC Revalidation Process, HCPC CPD guide and Good Medical Practice.

|  |  |
| --- | --- |
| **Discussion topic**  **Organ Donation** |  |
| **Key lessons learnt** |  |

|  |  |
| --- | --- |
| **Name of reviewer** |  |
| **NMC/HCPC/GMC number** |  |
| **Signature** |  |