



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.

HOSPITAL INFORMATION:

Your name, title, hospital name, phone number, and unit details

PATIENT INFORMATION AND PAST MEDICAL HISTORY:

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

Height: _____ Weight: _____ MRN: _____ Race: _____

Admission date: _____ Time: _____ Admission diagnosis: _____

Cause of death: _____ If patient transported, EMS crew involved: _____

Clinical course/circumstances surrounding death: _____

Date of death: _____ Time of death: _____

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

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

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

Alzheimer's: _____ OR medications used to treat Alzheimer's: Aricept/Donepezil; Rivastigmine/Exelon; Galantamine/Razadyne; Tacrine/Cognex; Namenda

Signs/symptoms of systemic infection: Yes _____ No _____ If yes, signs include: _____

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

Blood/blood products/colloids/TPN given in the last 48 hours: Yes _____ Amount: _____ mls

Past Medical History: _____

Medications: _____

Antibiotics given: Yes _____ No _____ Date started: _____ Date stopped: _____

WBC (past 3 days if available):

1. Date: _____ WBC: _____ Temp: _____

2. Date: _____ WBC: _____ Temp: _____

3. Date: _____ WBC: _____ Temp: _____

MRSA: Yes _____ No _____ VRE: Yes _____ No _____ C-Diff: Yes _____ No _____ Isolation: Yes: _____ No _____ CXR: Yes _____ No _____

Blood cultures: Yes: _____ No: _____ Result: _____

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: _____