Iowa Donor Network Notification Information

1-800-831-4131

This form serves as a reference guide for common questions asked when notifying Iowa Donor Network of a death. There may be additional questions.

HOSPITAL INFORMATION:

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

PATIENT INFORMATION (all notification calls):

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

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

Admission date: _____ Time: _____ Admission diagnosis: _____

If transported by EMS, name of EMS service: _____ Cause of death: _____

Date of death: _____ Time of death: _____

Last time known alive (if applicable): _____

IF IDN DOES NOT HAVE EMR ACCESS FOR YOUR HOSPITAL OR IF EMR IS NOT UPDATED:

Clinical course/circumstances surrounding death: _____

_____

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

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: _____ Phone: _____

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

Contact Number: _____ Autopsy: Yes _____ No _____

Funeral Home name: _____ Number: _____