Hospice: Eye Donation
Designated Requestor
Recertification
The Rocky Mountain Lions Eye Bank is a nonprofit eye bank responsible for recovering eye tissue from deceased donors in Colorado and most of Wyoming.
Established by the Lions of Colorado and Wyoming in 1982
Rocky Mountain Lions Eye Bank

**Overcoming blindness**

- recover eye tissue from about 2,500 donors each year
- donated eye tissues are placed locally, nationally, and then internationally
- provide about 2,500 sight-restorative transplants each year

**Mission**

- to fulfill the wishes of eye donors and their families to help another overcome blindness through transplantation and research
Role of Hospice Caregivers

- Hospice care team can play a crucial role in the eye donation process
- Hospice patients and families can leave a legacy through eye donation
Agenda

- How someone can be a donor
- The donation process
- Eye care
- The donation discussion
- Forms
How to be a donor

Before Death
- Registering as a donor in the Colorado/Wyoming Donor Registry
- In a will
- During a terminal illness, by any form of communication to two adults, one of whom is a disinterested party
- Any other record signed by the donor authorizing an anatomical gift

After Death
- By a family member or NOK if no gift was made prior to death and no refusal was made
Eye Tissue

Cornea
- First transplanted 1905
- Cures corneal blindness
- 98% success rate

Sclera
- Reconstruction
- Oculoplastic
Performing eye care will help preserve the donated eye tissue and lead to a better outcome for the recipient.

1. [Diagram]
2. [Diagram]
3. [Diagram]
4. [Diagram]
24-hour Hospice Donor Information Line

Call 866-838-3171

Be prepared to provide:
• Your name and facility name
• Patient’s name, age and sex
• Patient’s medical history
• Patient’s time of death
• Patient’s family contact info
Before a Donation Discussion

• Determine eligibility
  • If not eligible, then nothing can be donated, and a discussion need not take place.

• Determine registry status
  • Registry status determines the type of discussion you’ll have and with whom you’ll have it.

• Determine the right time
  • If there is no acceptance of death or realization that death will occur, minds will be closed to information and consideration.
When is the right time for the discussion?

**For the Patient**
- Patient can talk about his/her death
- Patient makes plans

**For the Family**
- Patient incapacitated, and family can talk about death and make plans
- Patient death
Registry Verification Form
Families of Registered Donors

- The family may be acting as the agent and protector, and donation may not be on their list of priorities
- Ask, rather than tell
  - “Were you aware John registered himself to be an eye donor?”
- Allow there to be silence; let them respond
If family is not aware of registry status

- "I understand you may have some questions/concerns about John's decision, and that is common." (this normalizes it)
- "Someone from the eye bank is going to call you in the next few hours to give you more information about what John’s decision means and to help you with your questions."
- "What number would you prefer they use to contact you?"
- Contact the hospice Donor Information Line to provide the phone numbers and also alert them if the family has questions and/or concerns
If family is aware of the registry status

- “Someone from the eye bank will be calling you at the time of death to give you more information and to help you carry out his/her wishes. What telephone number would you prefer they use to reach you?”

- Call the hospice Donor Information Line with phone numbers
If not registered
The patient or the next-of-kin (if patient is incapacitated) has the right to make a decision
When patient is not registered, who decides?

1. Medical Power of Attorney
2. Spouse (includes common law in CO)
3. Adult Child
4. Parent
5. Adult Sibling
6. Adult Grandchild
7. Grandparent
8. Adult exhibiting special care and concern
9. Court appointed guardian
10. Person authorized to arrange final disposition of the body
Discussion Goals

• Present information
• Answer questions
• Receive informed decision
• Support the decision
Keeping the Family Focused

• This is one of the last decisions you get to make on his/her behalf.
• What do you think s/he would have wanted to do?
• What kind of person was s/he?
Next Steps

• Support whatever decision is made
• Complete any necessary forms
• Explain this is the first step in a process. Many things can keep a transplant from occurring
• Set expectations for future contact from the eye bank
Patient Consent Form

• Used ONLY when the patient is not registered and wants to be a donor

• Signed by the patient

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Authorization by NOK

- **DO NOT USE IF PATIENT IS A REGISTERED DONOR**
- **Must be signed by NOK**

Authorization for the Donation of Eye Tissues
by Next of Kin

For use under the Revised Uniform Anatomical Gift Act. Do not use if the donor/next of kin has authorized donors.

- [ ] Next of Kin (NOK)
- [ ] Attorneys at Law
- [ ] Artist

If not listed, please check all that apply:

- [ ] Family member or close personal relationship
- [ ] Medical examiner
- [ ] Ordained minister
- [ ] Church

If an eye donor is to be declared, the NOK must state their relationship to the donor and the cause of death.

Authorization is effective for 72 hours. If not used within 72 hours, authorization must be renewed.

Signature of Next of Kin

Date

THE DONOR

Signature of Donor

Date

[ ] Yes
[ ] No

[ ] Medical examiner or coroner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date

[ ] Medical examiner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date

[ ] Medical examiner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date

[ ] Medical examiner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date

Authorization:

- [ ] Medical examiner
- [ ] Trustee
- [ ] Adult child
- [ ] Transplant

Date

[ ] Medical examiner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date

[ ] Medical examiner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date

[ ] Medical examiner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date

[ ] Medical examiner
[ ] Trustee
[ ] Adult child
[ ] Transplant

Date
Disclosures

- Review the disclosures with the NOK
- Answer any questions

DISCLOSURES

- In making this gift, you declare that you have no knowledge that your loved one made or had an estate.
- The gift of your eye will be made to the Rocky Mountain Lions Eye Bank, a nonprofit organization. The recipient, eligibility, and distribution of the tissues will be determined by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.
- Local and national programs are the fiscally responsible for the tissues. If irremovable corneal tissue or the entire eye cannot be transplanted, the tissues are further harvested.
- If we are not able to make the examination of donated tissue as the reconstituted Lions Eye Bank.
- The Rocky Mountain Lions Eye Bank will endeavor to maintain any visual changes in the body and to maintain any disease in the body to maintain the integrity of the donated tissue.
- This gift is irrevocable. By signing this gift, you are acknowledging the donation of donated tissue for the services, the donation may be transferred if it is determined that the donation should not be for the tissues.
- Transplantation procedures will be necessary in any recipient of organ of donated tissue, including, but not limited to surgery for corneal transplantation, kidney, bone marrow, and stem cell transplantation.
- A histology, radiology, and/or pathology report documenting the status of the tissues.
- The tissue, which is frozen at the time of procurement, is also available for further analysis.

[Images and logos]

email: cornea.org  
800-444-7479
Signatures

• NOK signs

• The date and time must be AFTER date and time of death

• Witness can be another family member or staff member

• You sign as the person explaining the form
Final Steps

• Provide the family with a copy of the form
• Call the hospice Donor Information Line
• Place a copy of the form in the chart
• Thank you for helping fulfill the wishes of eye donors to help another overcome blindness

• Please contact RMLEB with any questions:
  800-449-7479
  info@corneas.org
Eye Donation Screening for Hospice Patients

Is the patient’s age between 2 years and 69 years?  

YES  

NO

Does the patient have any of the following diagnoses active now?  

AIDS/ARC  
Alzheimer’s Disease  
Amyotrophic Lateral Sclerosis (ALS)  
Congenital Rubella  
COVID-19  
Creutzfeld-Jacob Disease (CJD)  
Dementia (if medically diagnosed. Delirium is okay)  
Encephalitis (bacterial, viral or fungal)  
Endocarditis  
Hanta Virus (if active, past history is okay)  
Hepatitis A (if active or unresolved, past history is okay)  
Hepatitis B  
Hepatitis C  
HIV  
Hodgkin’s Disease (in last 5 years)  
Intravenous drug use history in the last 5 years  
Leukemia (in last 5 years)  
Lymphoma (in last 5 years)  
Malaria (if active, past history is okay)  
Melanoma, metastatic (active or history of. Non-mets is okay)  
Meningitis  
MRSA (Methicillin-resistant Staphylococcus aureus)  
Multifocal Leukoencephalopathy  
Multiple Sclerosis  
Organ transplant within the last 12 months (includes heart, lung, liver, kidney, pancreas, small bowel)  
Parkinson’s Disease (Parkinsonian Syndrome is okay)  
Polio or Poliomyelitis (if active, past history is okay)  
Rabies  
Retinoblastoma or any cancer of the eye  
Reyes Syndrome (within last 3 months)  
SARS (Severe Acute Respiratory Syndrome)  
Subacute Sclerosing Panencephalitis  
Tuberculosis  
Variant Creutzfeld-Jacob Disease (vCJD)  
VRE (Vancomycin-Resistant Enterococcus)  
West Nile Virus (if in the last 120 days)

NO

This patient is NOT eligible to donate, and the donation process ends here. You do not need to make a phone call to the hospice Donor Information Line.

YES

This patient is eligible to donate eye tissue. Call 1-866-838-3171 to see if the patient is registered in the CO/WY Donor Registry

REGISTERED

Go to REGISTERED tab on reverse side

NOT REGISTERED

Go to NOT REGISTERED tab on reverse side

Questions? Need help?
Call the Rocky Mountain Lions Eye Bank 1-800-444-7479
IF YOUR PATIENT IS REGISTERED IN THE COLORADO or WYOMING DONOR REGISTRY:

• This is legal consent to donate. No signatures are required by the patient or the next-of-kin.

• At the appropriate time, a trained hospice designated requestor should initiate a conversation with the patient and/or the patient’s family with the goal of making sure family members know their loved one has made himself/herself a donor.

• **AT THE TIME OF DEATH**, call 1-866-838-3171. Tell the coordinator the patient is an eligible eye donor and that death has occurred. The eye bank coordinator will be paged and call you back to arrange for the eye recovery. **We suggest you wait to notify the mortuary until after you speak with the eye bank coordinator.**

IF YOUR PATIENT IS NOT REGISTERED IN THE COLORADO or WYOMING DONOR REGISTRY:

• The patient has the right to make this decision. At the appropriate time, a trained hospice designated requestor should initiate this conversation. If s/he wants to donate, the First-person Consent Form for the Donation of Eye Tissues should be signed.

• If the patient is incapacitated and cannot make the decision, or if death has already occurred, the legal next-of-kin may make the decision and sign an Authorization for the Donation of Eye Tissues by Next-of-kin form. The legal order of priority is:

  1. Medical Power of Attorney
  2. Spouse
  3. Adult child
  4. Parent
  5. Adult sibling
  6. Adult grandchild
  7. Grandparent
  8. Adult exhibiting special care/concern
  9. Court appointed guardian
  10. Person authorized to arrange for final disposition of the body

**AT THE TIME OF DEATH:**

• **IF THE PATIENT/NOK DOES NOT AUTHORIZE DONATION**: Nothing else need be done, and no phone call is necessary.

• **IF THE PATIENT/NOK DOES AUTHORIZE DONATION**: At the time of death, call 1-866-838-3171. Tell the coordinator the time of death, the patient is eligible for eye tissue and there is either consent (patient) or authorization (NOK) to donate. The eye bank coordinator will be paged and call you to arrange for the eye recovery. **We suggest you wait to notify the mortuary until after you speak with the eye bank coordinator.**
Hospice Eye Donation Referral Process

Hospice determines eligibility using provided algorithm.

If NOT ELIGIBLE, Donation process ends.

If ELIGIBLE, Hospice calls the hospice Donor Information Line to check the patient’s Registry status: 866-838-3171.

If NO, Donation process ends.

If YES, Hospice gives patient/family options at appropriate time. Authorization given?

If NO, Donation process ends.

If YES, Hospice calls Donor Information line with time of death.

Has death occurred?

If NO, Hospice facilitates patient/family discussion of patient’s wishes.

If YES, Registered?

If NO, Donation process ends.

If YES, Hospice gives patient/family options at appropriate time. Authorization given?

Issues to consider:
- Which hospice team member will perform the tasks in the donation process?
- How will the hospice team communicate eligibility and authorization status to one another?
- How will the authorization form get to RMLEB?

Donor Information Line notifies RMLEB of the death. RMLEB works with hospice to arrange recovery of eye tissue.
Authorization for the Donation of Eye Tissues
by Next-of-Kin

I, ____________________________________________, as the closest, available legal next-of-kin of ____________________________________________, hereby authorize the donation of his/her eye tissue for transplantation. My relationship to the above named donor is:

Numbers indicate order of priority
☐ 1. Medical Power of Attorney / Agent
☐ 2. Spouse
☐ 3. Adult child
☐ 4. Parent
☐ 5. Adult sibling
☐ 6. Adult grandchild
☐ 7. Grandparent
☐ 8. Adult exhibiting special care/concern
☐ 9. Court appointed guardian
☐ 10. Person authorized to arrange for final disposition of the body

While it is hoped that the donated tissues may be used for transplantation, there is a chance the gift may not be suitable for this use. In that case, these gifts may be used to advance medical knowledge through research and training.

□ YES □ NO

DISCLOSURES

• In making this gift, you declare that you have no knowledge that your loved one made a refusal to donate.

• The gift of eye tissue is made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

• Local transplant recipients are the first priority for donated tissues. If a suitable recipient cannot be found locally, tissues may be transplanted elsewhere in the United States or internationally.

• All costs associated with the recovery of donated tissues are the responsibility of the Rocky Mountain Lions Eye Bank.

• The Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.

• A different location may be needed to carry out the recovery of donated tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.

• Examinations or procedures will be necessary to ensure the medical suitability of donated tissues, including, but not limited to testing for infectious diseases such as hepatitis and HIV viruses. In addition, medical information from hospital records, physician records, and autopsy results may be reviewed and copied to assist in determining the medical suitability of donated tissues.

• For more information or assistance regarding authorization for donation, please call (800) 444-7479 or (720) 848-3937. Additional information is also available at www.corneas.org.

Next-of-Kin Signature: ____________________________ Date: ____________ Time: ____________

Printed Name: ____________________________ Address: ____________________________

City, State, Zip: ____________________________ Telephone: ____________ Alt. Phone: ____________

Witness Signature: ____________________________ Witness Printed Name/Relationship: ____________________________

The authorization for donation was explained by: ____________________________________________

Printed Name/Title: ____________________________ Institution: ____________________________

Original: Medical Record
Yellow: Recovery Agency
Pink: Family

RMLEB HOSPICE
Jan 2008
First-person Consent
for the Donation of Eye Tissues

I, _______________________________ (full legal name of the donor), hereby consent to the donation of eye tissue upon my death for the purpose of transplantation.

While it is hoped that the donated tissues may be used for transplantation, there is a chance the gift may not be suitable for this use. In that case, these gifts may be used to advance medical knowledge through research and training.

☐ YES  ☐ NO

DISCLOSURES

• The gift of eye tissue is made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

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Signature: ___________________________ Date: __________ Time: ________
Printed Name: _______________________ Address: _______________________
City, State, Zip: _____________________ Telephone: ______________

The consent for donation was explained by: _______________________________
Printed Name/Title: ___________________________ Institution: __________________
The person named below has listed himself/herself in the Donor Registry. This is a legal authorization to donate all eligible organs and tissues upon his/or her death for transplantation. **No other authorization or signature is necessary.**

<table>
<thead>
<tr>
<th>Driver's License/ID number</th>
<th>Renewal Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name:</td>
<td>Source</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Referral #</td>
</tr>
<tr>
<td>Residential address:</td>
<td></td>
</tr>
<tr>
<td>Exceptions:</td>
<td></td>
</tr>
</tbody>
</table>

**DISCLOSURES**

- The gift of organs, heart for valves, skin, bone, soft tissue and vertebral segments is made to Donor Alliance*, a non-profit organization, or to the appropriate organ procurement organization or tissue bank, for the purpose of transplantation, therapy, research or education. The recovery, distribution, and determination of use of these donated gifts will be coordinated by Donor Alliance and/or its affiliated non-profit or for-profit agencies in accordance with current medical and ethical standards.

- The gift of eye tissue for the purpose of transplantation is made to the Rocky Mountain Lions Eye Bank*, a non-profit organization. The recovery, evaluation and distribution of these donated gifts will be coordinated by the Rocky Mountain Lions Eye Bank in accordance with current medical and ethical standards.

- Organs and tissues may be transplanted locally, regionally, nationally, or internationally.

- All costs associated with the recovery of donated tissues are the responsibility of Donor Alliance and/or the Rocky Mountain Lions Eye Bank. In making this gift the donor’s estate will not receive monetary compensation or valuable consideration for the gift.

- Donor Alliance and/or the Rocky Mountain Lions Eye Bank will make every effort to minimize any visual changes to the body and to minimize any delays in the funeral arrangements.

- A different location may be needed to carry out the recovery of donated organs and/or tissues. In that case, the body may be transferred to an alternative surgical facility at no cost to the family.

- Examinations or procedures will be necessary to ensure the medical suitability of donated organs and/or tissues, including, but not limited to testing for infectious diseases utilizing blood and/or appropriate tissues. Such samples may be archived for future testing. Medical information and other relevant records which may include photographic or other imaging records will be used to determine the medical suitability of donated organs and/or tissues. This information may be copied, released and/or reviewed by other appropriate parties to assist in making these determinations and as required by law or regulation.

- For more information or assistance regarding authorization for donation, please call (800) 448-4644 or (303) 321-0060.

*In the Wyoming counties of Sweetwater, Lincoln and Uinta, the recovery agencies are Intermountain Donor Services and the Utah Lions Eye Bank of Salt Lake City.

RMLEB PR-CONS-004-4
DA Form #: SD100.03.xx1
Revised 02/28/19
Post Mortem Eye Care for Potential Eye Donors

Tear production stops at the time of death, so it doesn’t take long for the cornea to dry out. Another problem is lubricating ointments used prior to death tend to congeal. This can pull away the delicate epithelial covering of the cornea. For all potential eye donors, the following eye care regimen should be performed. This should be done as soon as possible. The Rocky Mountain Lions Eye Bank is sensitive to the needs of the families, so their needs must come first. A saline rinse prior to giving the family time with their loved one is recommended to keep some moisture in the eye.

Rinse both eyes with sterile saline or balanced salt solution. This will help remove any residue from lubricating ointments used prior to death. This step can be done prior to family viewing and then repeated after the family has performed its bedside rituals.

Close both eyelids using your fingers. Do not use forceps or other instruments as they can easily damage the eyelids.

Cover both closed eyes with a compress (2x2 or 4x4 gauze) soaked in saline. The compress should be dripping wet if possible. Do not press the gauze hard onto the eyes. Set it gently on top of the eyes, ensuring it covers the lid line.

Elevate the head using a pillow or head block. This helps fluids drain from the head, minimizing the chance of bleeding or bruising during the eye tissue recovery procedure.

updated 12/7/2021