Hospice: Eye Donation
Designated Requestor Training
Introduction

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

contact:
cornea.org  •  800-444-7479

a project of the Lions Clubs of Colorado & Wyoming
Agenda

- How someone can be a donor
- The donation process
- What can be donated
- The donation discussion
- Documentation
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
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
Eye Tissue

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

Sclera
- Reconstruction
- Oculoplastic
Penetrating Keratoplasty
Endothelial Keratoplasty

Abnormal layer of cornea

Cornea transplant

© S.G. Levy

Endothelial Keratoplasty
Sclera and Oculoplastics
Performing eye care will help preserve the donated eye tissue and lead to a better outcome for the recipient.

1. 
2. 
3. 
4.
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
Donor Registry

• Confidential database where citizens can register to be a donor

• Documents a decision to donate

• Anyone other than the donor is **barred** from amending or revoking the registry decision
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
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
Presenting Information

- What is being donated
- Benefit to the recipient/s
- No costs associated with donation
- No delay in funeral arrangements
- If transplanted, follow-up information is provided
Introducing the Subject

“'You have some decisions to make. I have information that will help. I'll answer any questions you have so you can make whatever decision is best for you.'
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?
In the end...

- Families remember how they were treated, not necessarily every word that was said
- Small acts of compassion stick with them forever
"He's been through too much already. No more! No more!"
“We’ve just never talked about it. I don’t know what she wanted.”
“You don’t understand, he was really sick with so many problems. His eyes wouldn’t be useful.”
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

First-person Consent
for Corneal Donation

1. [ ] I hereby donate my corneas for corneal transplantation.

While it is hoped that the corneal donors may be used for transplantation, there is a chance the gift may not be suitable for this use. As a donor, these gifts may be used for educational purposes, research, and testing.

[ ] YES [ ] NO

cornea.org  800-444-7479

A project of the Lions Clubs of Colorado & Wyoming
Authorization by NOK

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

For use under the Revised Uniform Anatomical Gift Act. Do not use if the donor is a registered donor.

Authorization for the Donation of Eye Tissues
by Next of Kin

□ Authorizing person
□ Patient’s legal representative
□ Patient
□ Next of kin

□ Adult sibling
□ Child
□ Minor sibling
□ Grandchild

□ Automated external defibrillator
□ Alcohol
□ Blood
□ Lead
□ Tobacco
□ Cadaveric organ
□ Any other disease or condition

□ Medical history of donor’s disease
□ Alcohol abuse
□ Cancer
□ Creutzfeldt-Jakob disease
□ Other

□ Consent form
□ Medical record
□ Reports
□ Photographs

□ Not signed by NOK
□ Signed by NOK

□ Current
□ Previous
□ Volunteer

□ Adult
□ Child
□ Minor

□ Eye Bank
□ Tissue Bank
□ Other

□ Yes
□ No
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 ethical or moral

• The gift of eyes may be made to the Rocky Mountain Lions Eye Bank, a non-profit organization. The recipient's

• Local, state and federal laws concerning the donation and utilization of tissue require the consent of the

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• The Rocky Mountain Lions Eye Bank will use your e‐mail address to maintain our mailing list for the

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• A statement to the donor will be made within 14 business days of receipt of the gift. This statement will be

• Transplantation procedures will be necessary in many instances to stabilize the eye tissues, including, but not limited to

• The Rocky Mountain Lions Eye Bank observes all guidelines mandated by the American Society for Histocompatibility and

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• For more information, to make a memorial gift, or to participate in a transplant, please call (800) 931‐7772 or (720) 442‐4420. Additional information is also available at www.rockymountainlions.org.
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
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
• 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
Hospice Eye Donation Referral Process

Hospice determines eligibility using provided algorithm.

ELIGIBLE

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

Registered?

YES

Has death occurred?

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

YES

NO

Hospice facilitates patient/family discussion of patient’s wishes.

NO

Hospice calls Donor Information line with time of death.

DONOR INFORMATION LINE

NOT ELIGIBLE

Donation process ends.

Donor Information Line notifies RMLEB of the death. RMLEB works with hospice to arrange recovery of eye tissue.

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?
Eye Donation Screening for Hospice Patients

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

- **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**
  - 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
    - Reye’s 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 eye tissue.
  - Call 1-866-838-3171 to see if the patient is registered in the CO/WY Donor Registry

- **YES**
  - 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

Revised October 2021
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 back to arrange for the eye recovery. **We suggest you wait to notify the mortuary until after you speak with the eye bank coordinator.**
First-person Consent for the Donation of Eye Tissues

I, ________________________________________________, 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.

• 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.

Signature: ________________________________________________ Date: ___________ Time: ___________

Printed Name: __________________________________________ Address: _______________________________________

City, State, Zip: _________________________________________ Telephone: ______________

The consent for donation was explained by: __________________________________________

Printed Name/Title: __________________________________________ Institution: __________________________
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: ________________________________
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/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.

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*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.xxx
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