Clinical Guidelines for Organ Donation (2026)

Intensive Care Society of Ireland

https://www.intensivecare.ie/

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Background

This guideline aims to standardise Intensive Care Unit (ICU) organ donation processes. It aligns with the Human Tissue Act 2024 (HTA) [1] and complements ICSI-endorsed guidelines on Brain Death (2025)[2], Donation after Circulatory Death (DCD-2024) [3], and Management of the Potential Organ Donor (2024) [4]. This document supports clinical decision-making but does not replace statutory HTA obligations. Updates may follow Department of Health guidance.

Core Principle

Organ donation is a normal part of end-of-life ICU care (IMC Ethics Guide 2024). Where donation is possible and the patient had not opted out, it should be explored and offered in line with their known wishes [5].

Support and Resources

The Clinical Lead for Organ Donation (CLOD) and the Organ Donor Nurse Manager (ODNM) are ICU-based clinicians independent of Organ Donation and Transplantation Ireland (ODTI) and the National Organ Procurement Service (NOPS). They provide clinical expertise, assist in identifying and managing potential donors, and support families during end-of-life discussion. Early collaboration with an ODNM or CLOD has been shown to enhance family assent rates and improve the overall experience for both families and hospitals [6].

The Irish National Organ Procurement Service (NOPS) is responsible for coordinating organ donation and retrieval activities. Operating under ODTI, NOPS manages donor referrals, confirms opt-out register checks, obtains formal family assent, and oversees the allocation and transport of organs for transplantation.

Guiding Principles

- First, all patients who fulfil criteria should be identified as potential organ donors. The local ODNM/CLOD can assist in this determination. (See Appendix 1)

- There is a National Opt-out Register (OOR) where patients can register their objection to organ donation during their life. Families should only be approached once it is confirmed that a patient has not registered his/her wish to opt-out of organ donation.

- Organ donation should be discussed only after a family understands and accepts the end-of-life prognosis, ideally in a separate conversation.

- Whenever possible, the ODNM or CLOD should attend donation discussions to support families and address their questions. This is supported by evidence for increased rates of consent [6] [7].

- The ODNM/ICU team is responsible for the initial family approach and assent, ensuring that the family receives a comprehensive explanation of the organ donation process and that their questions are addressed. Local hospital practices relevant to the conservation are explained.

- The ICU team secures initial agreement, while NOPS obtains formal written consent once individual organs are accepted by transplant teams.

- No medical contraindications should be assumed locally prior to referral.

- Procurement timing is prioritised by family wishes, ICU and theatre availability, and then procurement team schedules.

Process

Identification

All ventilated ICU patients with severe neurological injury nearing end-of-life should be discussed with a ODNM/CLOD to assess donation potential. The relevant ODNM/CLOD mobile number is available in your ICU. (See Appendix 1)

Opt-Out Register Check

Contact NOPS for an Opt-out Register check when a patient is nearing end-of-life and donation is being considered after brainstem testing for DBD donors or before Withdrawal of Life-Sustaining Therapies (WLST) for Donation after Circulatory Death (DCD) donors. Their contact number is available in your ICU. NOPS can be contacted by any ICU clinician.

Brainstem Testing

A family may be approached regarding organ donation after the first or second sets of brainstem tests but only where the concept of brain death has been discussed and accepted.

Donation after Circulatory Death

DCD should be discussed only after a decision to withdraw life-sustaining therapy is agreed with the family in a separate conversation. In this case, referral to the CLOD/ODNM and then to NOPS occurs prior to WLST. (DCD guidelines)[3].

Medical Management of the Potential Organ Donor

Management of the brain dead patient should follow the ICSI guideline and may proceed before assent [4]. If donation is declined, active medical treatment should cease.

Pre-referral Agreement to Organ Donation

If a patient is registered on the OOR, families should not be approached. For patients not on the OOR, agreement should be obtained from the next of kin most involved in care, with guidance from the CLOD, ODNM or NOPS if uncertain.

Referral of the potential organ donor to NOPS

The ODNM can advise which information to collate and how to navigate the referral process with NOPS. Patients should be referred only after brainstem death is confirmed, or for DCD, once futility is established. Bloods should be sent for Blood Type and Virology (as per SOP detailed in the ICU Organ Donation Box which is maintained in every ICU by the ODNMs) once advised by ODNM or NOPS.

Formal Consent

Formal written consent is completed by the NOPS once it is confirmed that organ donation will proceed.

References:

[1] 'Human Tissue Act 2024.' Available: https://www.citizensinformation.ie/en/health/health-services/blood-and-organ-donation/organ-and-body-donation/

[2] 'Diagnosis of Brain Death in adults; Guidelines. Irish Critical Care Society. 2025.' Available: https://jficmi.anaesthesia.ie/wp-content/uploads/2025/09/Brain-Death-Guideline-ICSI-2025.pdf

[3] 'Donation after Circulatory Death. Irish Critical Care Society Guideline. 2024.' Available: https://www.intensivecare.ie/wp-content/uploads/2024/06/DCD-ICSI-Guideline-2024.pdf

[4] 'Management of the Potential Organ Donor. Irish Critical Care Society Guidelines. 2nd Edition. 2024'. Available: https://www.intensivecare.ie/wp-content/uploads/2024/06/ICSI-Management-of-the-Potential-Organ-Donor-Guidelines-2nd-Edition.pdf

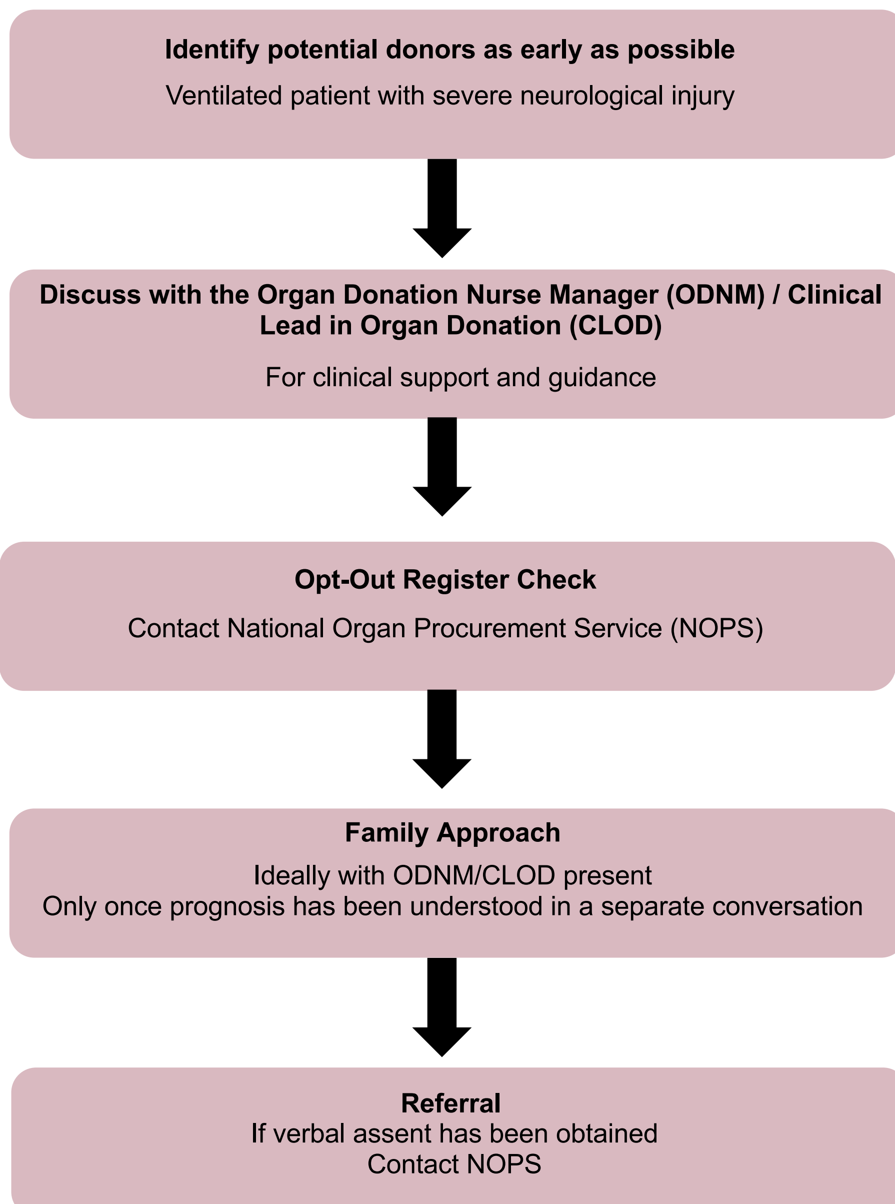
[5] 'Medical Council. Guide to Professional Conduct & Ethics for Registered Medical Practitioners. 9th Edition. 2024'. Available: https://www.medicalcouncil.ie/news-and-publications/publications/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf

[6] M. Witjes *et al.*, 'Appointing nurses trained in organ donation to improve family consent rates', *Nurs. Crit. Care*, vol. 25, no. 5, pp. 299–304, Sept. 2020, doi: 10.1111/nicc.12462.

[7] J. Tocher, B. Neades, G. D. Smith, and D. Kelly, 'The role of specialist nurses for organ donation: A solution for maximising organ donation rates?', *J. Clin. Nurs.*, vol. 28, no. 9–10, pp. 2020–2027, May 2019, doi: 10.1111/jocn.14741.

Appendix 1:

Identification of Potential Organ Donors



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