



INODAYA Hospitals - Kakinada

Documentation code:

INH/COP Doc.No:33

Policy on Organ Transplant

Prepared Date: 11/11/2026

Reference: COP.15.NABH Standards – 6th Edition

Issue date: 11/11/2026

Issue no:1

Review NO:0

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z1.0 Purpose

To ensure donation and procurement of human organ in accordance to The Transplantation of Human Organs Act, 1994

2.0 Scope

Hospital wide

3.0 Definitions and/or Abbreviations (if any)

Nil

4.0 Responsibility

All clinical staff, transplant coordinator

5.0 Policy for organ donation

5.1 Organ Donation

- The hospital identifies a potential donor.
- An individual who is brain dead but is on a respirator and has a beating heart and an individual who has died due to a cardiac arrest and has no cardiac or respiratory activity are acceptable donors for organs.
- Other criteria for potential organ donors include certain age limits and the absence of unresolved systemic infections or extra-cerebral malignancies.
- **Criteria for Donation:**
 - Age: 0- 75 years
 - Health: Absence of infection, sepsis, and malignancy
 - Solid Organs: Brain death on ventilator support
 - Bone and Tissue: Within 24 hours of asystole

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Medical Director	Chief Executive officer	Managing Director



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- Eye: 4 to 6 hours of asystole
- The hospital contacts the local government organ procurement organization AS PER THE TRANSPLANTATION OF HUMAN ORGANS ACT, 1994 to assess the potential donor's status and confirms his or her suitability.
- Brain death declaration shall be done in accordance with Human Organs Transplantation Act 1994.
- A medical evaluation of the potential donor shall be conducted by an appropriate qualified representative as defined by the government. This includes a complete history, physical examination, and blood tests of the potential donor.
- The potential donor's next-of-kin shall be given the option to sign a donor consent form, after due certification of Brain Death.
- When the surgical team arrives, the donor shall be taken to surgery. A complete operating room staff should be available for organ retrieval. A special surgical team shall be usually required for removal of liver and kidneys.
- Disposition of the body takes place according to the guidelines of the hospital. There shall be no change in the body's appearance after organ donation.
- The hospital has promoted a social worker to bring about public awareness on brain death and donation of one's organs after death, for the purpose of saving lives through transplantation.

5.2 Organ Donation by Living Persons

- Removal of organ from living persons may be carried out solely for the therapeutic benefit of a recipient and where there is no suitable organ available from a deceased person and no other alternative therapeutic method of comparable effectiveness.
- Organ removal from a living donor may be carried out for the benefit of a recipient with whom the donor has a close personal relationship as defined by law, or, in the absence of such relationship, only under the conditions defined by law and with the

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approval of State Authorization Committee, Transplant of Human Organ Act 1994, and state government.

5.3 Organ Donation by Brain Dead Patients

- Identification of potentially brain dead.
- First information report shall be given to the Office of the Director Medical Services by the ICU doctor.
- Director Medical Services refers the case to the Organ Transplantation Committee for independent assessment and Brain Death Certification.
- Brain Stem Function tests are performed.
- The test shall be repeated after a gap of six hours to be certified Brain Dead done. Various blood tests are performed to check the suitability of the organs. In case of children 6 to 12 years of age, the time interval shall be determined depending on the opinion of the Organ Transplantation Committee.
- The medical social worker / transplant coordinator shall speak to the family regarding organ donation.

5.4 Family agrees for Organ Donation.

- All relevant issues are discussed with the relatives of the patient and the consent form is signed.
- The patient's relative (family) shall declare that, to the best of his / her knowledge, the patient had / had not authorized before his / her death, the removal of his / her organ / tissues from the body after his/her death for therapeutic purpose. There shall be reasons to believe that no near relative of the said deceased person has objection to any of his / her organ(s) / tissue being used for therapeutic purposes.

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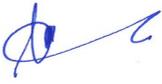
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- Transplant team arrives at the site and advises the Medical and Nursing staff regarding further management of the donor.
- Coordinator / medical counselor shall coordinate all organ donations related activities including the donor operation till the body of the patient is handed over to the family.

5.5 Factors in Donation Process

- When an organ is donated by a person, who has expired, it is made available to an eligible patient on the waiting list. Before the transplant can take place, however, following factors are taken into consideration.
 - Patient's (recipient's) condition- The patient (recipient) may currently be too ill to undergo surgery. Or, the patient (recipient) may be out of town or otherwise unavailable for surgery at that time.
 - Donor condition - The donor might have had high blood pressure, diabetes or some other illness that might have harmed the donated organ.
 - Condition of the Organ – if an organ has been outside the donor's body for too long, it might not work as well and may not help the patient. Or, the organ might have been damaged during recovery from the donor or during transit to the transplant center. Sometimes, final examination of the organ shows previously unseen risks, such as too much fatty tissue or badly formed blood vessels.
 - Donor / recipient compatibility – Critical “matching” tests are done prior to surgery
- The patients/ families shall be informed about their choice for organ donation as and when relevant.
- The hospital shall support patient and family choices to donate organs and provide them information on the donation process (when required).

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- The hospital shall ensure that adequate controls are in place to prevent patients from feeling pressurized to donate.
- The hospital shall follow local laws and regulations, shall train the staff and ensure cooperation with relevant hospitals and agencies in the community to respect and to implement choices to donate.
- Similar policies shall guide the transplantation process also.

5.6 Hospital protocols on organ and tissue donation

- 4.1 Hospital staff shall recognize organ donation as one of the patient rights and shall support patient and family choices to donate organs and other tissues.
- 4.2 Concerned patients/families shall be provided with information about the donation process and the manner in which organ procurement is organized.
- 4.3 Hospital shall have proper counseling, donor advocacy and other controls to prevent patients from feeling pressured to donate.
- 4.4 Hospital's organ donation processes shall be consistent with local laws and regulations as well as religious and cultural values.
- 4.5 An informed consent shall be obtained as per hospital's policy.
- 4.6 Adequate staff training shall be conducted on contemporary issues and concerns related to organ transplant and availability of transplant.
- 4.7 Hospital shall cooperate with relevant hospitals and agencies in the community to respect and to implement choices to donate.

7.0 References

The Transplantation of Human Organs Act, 1994

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