

10A NCAC 13B .5506 DISCHARGE PLANNING

(a) Pre-Donation. At the time of evaluation by the IDAT, a discussion shall be held between the IDAT social worker and the potential donor and his or her family or next of kin to address the following areas:

- (1) Living arrangements after discharge from the surgery or while the donor recuperates until able to travel;
- (2) Transportation arrangements from the hospital to the donor's accommodations or back to follow up appointments;
- (3) Caregivers to provide assistance or support upon discharge; if the donor has children or other dependents, a plan for the children's or dependent's care while the donor recuperates;
- (4) Financial considerations: Encourage donor to discuss with employer about medical leave or disability. This discussion shall include checking with health or life insurance carriers about future "pre-existing conditions" or "exclusions" that may result from donation;
- (5) Provided consent is first obtained, referrals to other living organ donors from that particular facility and suggestions from other resources such as publications and websites; and
- (6) Emotional issues surrounding the organ donation process.

(b) Day of Discharge

- (1) A written discharge plan shall be provided to the donor with the following instructions:
 - (A) Restrictions on activities;
 - (B) Permitted activities (i.e. return to work);
 - (C) Diet;
 - (D) Pain medication with prescription;
 - (E) Follow up appointments with surgeon;
 - (F) Contact numbers for the Independent Donor Advocate Team should the donor have questions, concerns or problems; and
 - (G) Additional instructions for caregivers, if any.
- (2) The discharge plan shall be reviewed with the donor by the facility discharge planner or primary care nurse.

(c) Post Discharge medical follow-up, social, psychological and financial support

- (1) Post-operative visits shall be scheduled by the donor with the surgeon to assess the following:
 - (A) Wound healing;
 - (B) Signs and symptoms of infections; and
 - (C) Laboratory results as appropriate to the organ type, as well as any imaging or other diagnostic findings.
- (2) Dictated summaries of surgery and follow-up visits shall be sent to the donor's primary care physician by the facility to ensure appropriate medical care.
- (3) Referrals shall be made to community agencies to address the donor's emotional and psychological issues if needed or requested by the donor, his or her designee, family, next of kin or the IDAT to;
 - (A) Provide the donor the opportunity to participate in a support group; and
 - (B) Provide the donor recognition as determined by the facility.

(d) Any questions or concerns regarding the discharge plan or discharge planning process by the donor, the donor's designee, the donor's next of kin or legally responsible party shall be addressed by facility staff.

History Note: Authority G.S. 131E-75; 131E-79; 143B-165;

Eff. April 1, 2006;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22, 2017.