**捐贈者查核表Cadaveric donor checklist 🞏器官🞏組織**

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|  **\*捐贈者基本資料**  |
| 醫院:  | 通報日期/時間 | 姓名 | 分享代碼: |
| 身份証號: | 性別:男 | 年齡(yr): | 血型: |
| 身高(cm): | 體重(kg): | 胸圍(cm): | 回覆時間: |
| **\*聯絡方式** |
| 通報者/身份: / | 電話: (白) (晚) |
| 家屬/電話: (1) / (2) /  | 同意書是否完整( ) |
| **疾病狀況** |
| \*診斷: | \*住院日期: / / |
| \*主治醫師: | \*過去病史: |
| 手術術式 | 手術日期: / /  |
| 入院T/P/R/BP: | 現在T/P/R/BP: |
| 抽煙:nil | 喝酒:nil | 2T時間: / / |
| 呼吸器設定 Mode: TV: PC level: RR: FiO2: PEEP: |
| 特殊治療 Dopamine \_\_\_\_\_\_\_\_\_\_\_ Dobutamine \_\_\_\_\_\_\_\_\_\_\_ Epinephrine \_\_\_\_\_\_\_\_\_\_\_ Norepinephrine \_ \_\_\_ |
| \*住院過程: |
| **實驗室檢查** |
| HLA typing: A\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ B\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ C\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ DR\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ DQ\_\_\_\_\_\_\_-\_\_\_\_\_\_\_ |
| \*Hepatitis markers: HBsAg \_\_\_\_\_\_\_ Anti-HBs \_\_\_\_\_\_\_ Anti-HBc \_\_\_\_\_\_\_ HBeAg \_\_\_\_\_\_\_ Anti-HBe \_\_\_\_\_\_\_Anti-HCV \_\_\_\_\_\_\_ Anti-HDV \_\_\_\_\_\_\_ Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other serology: \*Anti-HIV \_\_\_\_\_\_\_\*RPR \_\_\_\_\_\_\_ \*Anti-HTLV \_\_\_\_\_\_\_ HSV-IgG \_\_\_\_\_\_\_ HSV-IgM \_\_\_\_\_\_\_CMV-IgG \_\_\_\_\_\_\_ CMV-IgM \_\_\_\_\_\_\_ EB VCA-IgG \_\_\_\_\_\_\_ EB VCA-IgM \_\_\_\_\_\_\_Toxoplasma IgG \_\_\_\_\_\_\_ Toxoplasma IgM \_\_\_\_\_\_\_ Others ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **影像學檢查(組織免填)** |
| CXR (\_\_\_\_/\_\_\_\_/\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EKG (\_\_\_\_/\_\_\_\_/\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ABD sonogram (\_\_\_\_/\_\_\_\_/\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardiac echo (\_\_\_\_/\_\_\_\_/\_\_\_\_): EF \_\_\_\_\_% \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **血液檢查** | **生化檢查(組織免填)** |
|  | 入院時 | 最近 |  | 入院時 | 最近 |
| \*WBC (/mm3) |  |  | GOT (U/L) |  |  |
| Seg (%) |  |  | GPT (U/L) |  |  |
| Band (%) |  |  | ALK-P (U/L) |  |  |
| Mono (%) |  |  | Bil-T/D (mg/dl) |  |  |
| Lym (%) |  |  | Alb (g/dl) |  |  |
| Hb (/mm3) |  |  | CRP (g/dl) |  |  |
| Hct (%) |  |  | BUN (mg/dl) |  |  |
| PLT (x103/mm3) |  |  | Cr (mg/dl)/eGFR |  |  |
| PT (sec) |  |  | Glucose/HbA1C |  |  |
| INR |  |  | CPK/MB (U/L) |  |  |
| APTT (sec) |  |  | Troponin (ng/ml) |  |  |
| **尿液檢查(組織免填)** | Amylase (U/L) |  |  |
| WBC \_\_\_\_\_\_/HPF RBC \_\_\_\_\_\_/HPF Epi \_\_\_\_\_\_/HPFProtein \_\_\_\_\_\_ Nitrite \_\_\_\_\_\_ Glu \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_ | Lipase (U/L) |  |  |
| Lactate (mg/dl) |  |  |
| **\*病原菌培養** | Na (ng/ml) |  |  |
| Blood culture (\_\_\_\_/\_\_\_\_/\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sputum culture (\_\_\_\_/\_\_\_\_/\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Urine culture (\_\_\_\_/\_\_\_\_/\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | K (mmol/l) |  |  |
| Cl (mmol/l) |  |  |
| Ca(mg/dl) |  |  |
| **血液氣體分析(組織免填)** |
| 入院時 (\_\_\_\_/\_\_\_\_/\_\_\_\_- \_\_\_\_:\_\_\_\_): pH \_\_\_\_\_ PaO2 \_\_\_\_\_ PaCO2 \_\_\_\_\_ HCO3 \_\_\_\_\_ BE \_\_\_\_\_; FiO2 \_\_\_\_\_ PEEP \_\_\_\_\_ |
| 最近 (\_\_\_\_/\_\_\_\_/\_\_\_\_- \_\_\_\_:\_\_\_\_): pH \_\_\_\_\_ PaO2 \_\_\_\_\_ PaCO2 \_\_\_\_\_ HCO3 \_\_\_\_\_ BE \_\_\_\_\_; FiO2 \_\_\_\_\_ PEEP \_\_\_\_\_ |
| 1st腦判 (\_\_\_\_/\_\_\_\_/\_\_\_\_- \_\_\_\_:\_\_\_\_): pH \_\_\_\_\_ PaO2 \_\_\_\_\_ PaCO2 \_\_\_\_\_ HCO3 \_\_\_\_\_ BE \_\_\_\_\_; FiO2 \_\_\_\_\_ PEEP \_\_\_\_\_ |
| 2st腦判 (\_\_\_\_/\_\_\_\_/\_\_\_\_- \_\_\_\_:\_\_\_\_): pH \_\_\_\_\_ PaO2 \_\_\_\_\_ PaCO2 \_\_\_\_\_ HCO3 \_\_\_\_\_ BE \_\_\_\_\_; FiO2 \_\_\_\_\_ PEEP \_\_\_\_\_ |
| 死後捐贈 死亡時間： 年 月 日 時 分 |
| 確認完成簽名/蓋章腎臟科總醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_協調師(他院通報)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_摘取醫師\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 其它/備註: |

注：「\*」為必填項目