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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*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 \_\_\_\_\_\_/HPF  Protein \_\_\_\_\_\_ 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