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Letter to the Editor

Post ROSC deceased patients are potential donors of organs and tissues

Dear Sir,

In Spain, out-of-hospital medical emergency services have a doctor on board, which allows decisions to be made whether to initiate CPR maneuvers or to stop or continue to obtain an uncontrolled after cardiac death donor. The SUMMA112 has long had an uncontrolled after cardiac death donation program with very good results,^{1,2} but it is not the only source of donors, since many patients who are transferred to the hospital with a spontaneous pulse die in it being candidates for donors in brain death or donors in controlled after cardiac death.

During one year (April 1, 2017 to March 31, 2018), 1830 PCRs were attended, of which CPR maneuvers were started in 1064 patients. Of these were deaths in place 677, arrived with ROSC to hospital 395, doing RCP 29 and donation after cardiac death 34. Of the latter, 27 were valid donors obtaining 27 right kidneys, 27 left kidneys and 8 livers. Of the 424 that arrive at the hospital alive, 140 patients survive, of which 129 do so with good neurological results (CPC 1–2), in 3 cases the neurological result is not known, 7 with a CPC-3 and 1 with CPC- Four. 235 patients die and in 49 cases the result is not known.

Of the 235 patients who died in the hospital, there were no donations in 193 patients, 23 patients were donor in brain death and 19 patients in controlled after cardiac death, obtaining 36 right kidneys, 35 left kidneys, 31 livers, 11 right lungs and 11 left lungs., 1 intestine, 11 hearts and 5 pancreas, which makes a total of 142 organs that added to the 62 of the uncontrolled asystole program make a total of 204 organs. In addition, tissues are also obtained (corneas, tendons, etc.) that have not been quantified.

Out-of-hospital PCR is an important source of direct donors for non-controlled after cardiac death donation programs. They are also a source of indirectly due to the death in the hospital of those patients who have recovered pulse and are donors in brain death and in controlled after cardiac death.

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Conflict of interest

None.

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