



Hospital questionnaire

Hospital code.....

1. Number of staffed beds in your hospital where you can mechanically ventilate a critically ill patient.

Adult beds..... Paediatric beds.....

2. Does your hospital have neurosurgical facilities on site?

Yes No Don't know

3. Does your hospital have interventional neuroradiology facilities on site?

Yes No Don't know

4. Does your hospital perform solid organ transplants?

Yes No Don't know

5. Is your hospital a designated trauma centre?

Yes No Don't know

6. Number of actual organ donors in your hospital in 2011

DBD..... DCD.....

7. What is the availability of the Key Donation Person within your hospital?

Full time Part time Available when requested Not available

8. What is the clinical background of your hospital's Key Donation Person or if you have a team what is the clinical background of the Team Leader?

Dr Nurse No Key Donation Person

Other please state.....

9. Does your hospital have a written local policy/guideline/protocol for managing the organ donation process?

Yes No Don't know

10. Does your hospital have written criteria of when to alert the key donation person of a potential organ donor?

Yes No Don't know

11. Does your hospital have the ability to facilitate organ donation 24 hours a day with regards to the following resources?

Resources	Yes	No
CT Scanner		
MRI Scanner		
HLA and virology testing		
Trans Cranial Doppler		
EEG		
Cerebral angiography		