



# Lung Donor Management



## San Antonio Lung Transplant (SALT) Protocol

The key to great donor management is to treat every organ donor as a potential lung donor. Management of the organ donor should begin immediately after authorization is obtained. One strategy used by many organ procurement organizations is the SALT Protocol. This protocol involves adjusting donor ventilators and managing fluids to increase the opportunity of the donated lungs to be successfully transplanted.

### SALT Protocol

**Criteria:** Only at the direction of an IDN Coordinator and if P/F ratio is less than 400 (calculate as soon as consent is obtained), pulmonary infiltrates consistent with pulmonary edema, or both.

Early Bronchoscopy (No Washing):	After 2 Hours:
Ventilation adjusted to: <ul style="list-style-type: none"> <li>• Pressure Control (Total PIP of 40)</li> <li>• PC 25</li> <li>• PEEP 15</li> <li>• Adjust Rate to keep minute ventilation the same as on previous settings</li> <li>• Keep FiO2 at baseline</li> </ul>	<ul style="list-style-type: none"> <li>• Volume Control</li> <li>• VT 6-7 ml/kg (Ideal Body Weight)</li> <li>• PEEP 5</li> <li>• Adjust Rate to keep minute ventilation the same as on previous settings</li> <li>• <b>CXR 30 minutes later</b></li> <li>• <b>Calculate P/F ratio [PaO2/FiO2 (as decimal)]</b></li> <li>• <b>Repeat SALT as needed</b></li> </ul>

This may take 2-3 attempts to see improvements

### Management Tips

<u>ALWAYS:</u>	<u>RECRUITMENT:</u>
<ul style="list-style-type: none"> <li>• Minimize the use of crystalloids and use diuretics (maintain neutral or negative fluid balance)</li> <li>• Head of bed up 30 degrees</li> <li>• ETT cuff filled at least to 25 cm H2O</li> <li>• Do NOT break vent circuit, recruitment maneuver each time the circuit is broken</li> <li>• Turn donor every 1-2 hours</li> <li>• CPT every 2-4 hours</li> <li>• Neb/MDI every 4 hours (as needed, using an inline neb/MDI adaptor)</li> <li>• Oral care/suctioning every 1-2 hours and as needed</li> </ul>	Every time the patient is disconnected from the ventilator, alveoli will collapse and you need to perform a recruitment maneuver. <ul style="list-style-type: none"> <li>• PEEP maneuver—Increase PEEP to 10-15 for 30-45 minutes, and then decrease back to 5</li> <li>• Inspiratory breath holds—Hold breath on ventilator 15-20 seconds, repeat 3-4 times</li> <li>• Prone patient—as a last resort, if other maneuvers do not work (if directed by IDN coordinator)</li> </ul>