

डॉ. अनिल कुमार  
Dr. ANIL KUMAR  
M.B.B.S., MD  
निदेशक, नोटो/Director, NOTTO



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य सेवा महानिदेशालय  
Government of India  
Ministry of Health & Family Welfare  
Directorate General of Health Services

F.NO.C-35/466/Admin/NOTTO/22/pt/54

FTS No. 8272653  
Dated: 02<sup>nd</sup> April, 2024

**Sub: Implementation of monitoring of Brain Stem Death on regular basis**

Dear Sir/Madam,

As you may be aware, that the organ donation rate in India continues to be low (less than 1 donor per million population in a year). One of the key challenges identified in this is, poor identification and certification of Brain stem death (BSD) cases despite the availability of many such potential cases.

It is pertinent to mention that, as per provisions of "The Transplantation of Human Organs Tissues Act, 1994" & Rules thereunder, it is required to identify each potential brain stem death case, admitted in the ICU and further it is mandatory duty to enquire whether such potential donor had pledged for organ donation and if not to make the family members aware of the opportunity to donate organs before the heart stops. The doctor on duty with the help of transplant coordinator is required to make the above-mentioned inquiry after certification of such BSD cases.

Every Institution is requested to facilitate and monitor the certification of BSD cases so as to ensure compliance of above-mentioned provisions of the Act and Rules. A template of "Required Request Display Board" in this regard is enclosed, such boards may be placed outside the ICUs, emergency or any other strategic location in the hospital, A Performa is also enclosed for collection of such information from the hospitals on regular monthly basis. The head of the Institution and respective SOTTO should analyze the collected information and the corrective actions must be taken with the aim to maximize organ donation from all potential donors. Further, all SOTTOs are requested to collect such information as per Performa from each registered hospital and furnish the same to NOTTO via email to [dir@notto.nic.in](mailto:dir@notto.nic.in) by 7<sup>th</sup> of every subsequent month.

I seek your cooperation and support for augmenting the organ donation rate in the country so as to achieve self-sufficiency in the field of deceased organ donation.

With Regards,

Yours Sincerely,

(Dr. Anil Kumar)

**Enclosures as above:**

**To:**

1. Director, all ROTTOs & SOTTOs

**Copy for similar action to:**

1. Appropriate Authority, All States & UTs.

**Copy of information to:**

1. PSO to Dte.GHS
2. PPS to JS
3. MG Section, Dte.GHS



**NATIONAL ORGAN & TISSUE TRANSPLANT ORGANISATION (NOTTO)**

4th Floor, NIOP Building, Safdarjung Hospital Campus, New Delhi-110029

Tel. (Off.) : 011-26164770, Mob.: +91-9811637663, Email: [dir@notto.nic.in](mailto:dir@notto.nic.in), [dr.anilkumar@nic.in](mailto:dr.anilkumar@nic.in)

अंगदान-जीवनदान

## Monthly Proforma for monitoring of Brain Stem Death Certification

- 1.Name of Institute/Hospital:
- 2.Name and contact details (Mobile and Email) of the Transplant Coordinator(s):
- 3.Name of the ICU(s) to which Transplant Coordinator(s)is/are attached:
- 4.Number of Beds in each ICU in the Institute and Average Bed Occupancy rate (%) in last one month:
5. Name of Nodal officer for organ transplant:

### ICU wise detail (Deceased/potential Deceased Donor Cases)

<u>S. No.</u>	<u>Parameters</u>	<u>Number/Response</u>
1.	Total no. of patients who expired (deaths) in the ICU	
1a.	• No. of Deaths on ventilator	
1b.	• No. of Deaths without ventilator	
2.	Cause of death	
2a.	• Traumatic brain injury	
2b.	• Intracranial bleed/Intracerebral Bleed /Ischemic Stroke	
2c.	• Any other cause (Please specify)	
3.	No. of potential Brain Stem Death Cases (whether screening to identify potential brain stem death cases done) Enclose SOP if any in practice.	
4.	No. of Brain Stem Death Cases identified	
5.	No. of Brain Stem Death Cases certified as per THOTA 1994 and Form no. 10 of THOT rules 2014	
6.	No. of Cases in which family/next of kin was approached for organ/tissue donation	
7.	No. of Cases in which family/next of kin was counseled for organ/tissue donation	
8.	No. of Cases where consent was given by the family	
9.	No. of Donors after Brain Stem Death	
10.	No. of Donors after Circulatory Death (DCD), if applicable	
11.	No. of organs donated and utilized (Organ wise details)	
11a.	• In-house through SOTTO	
11b.	• Allocated to other Hospitals by SOTTO	
12.	No. of Tissues donated and utilized /stored in a Tissue bank (tissue wise details)	
12a.	• In-house	
12b.	• To other Hospitals	

13.	No. of tissue donated and utilized/stored in a Tissue Bank from patients who died in wards (Specify the name of tissue-Cornea/Skin)	
14.	No. of tissue donated and utilized/ stored in a Tissue Bank from patients who died at home/in community setting (Specify the name of tissue-Cornea/Skin)	
15.	Whether board(s) displaying legal mandatory request to facilitate organ donation has been put up outside ICUs, Emergency block or other strategic locations of Hospital.	
16.	Give details of awareness activities and CMEs to promote deceased organ and tissue donation conducted during the month. (Attach a separate sheet)	
17.	Any other information	

Signature of the Nodal Officer for Organ donation and Transplantation

Countersigned by Medical Suptd. / Director

**आवश्यक अनुरोध / REQUIRED REQUEST**

मानव जीवन को बचाने के लिए, आप आकस्मिक मृत्यु (मस्तिष्क स्तंभ मृत्यु/हृदय संबंधी मृत्यु) के उपरांत अंगों एवं ऊतकों जैसे: किडनी, लिवर, हृदय, आखें, त्वचा और हड्डियाँ आदि दान कर सकते हैं।

ड्यूटी पर तैनात डॉक्टर / ट्रांसप्लांट को-ऑर्डिनेटर / काउंसलर के लिए आवश्यक है, कि वे आपसे मानव अंग प्रत्यारोपण कानून\* के तहत अंगों और ऊतकों के दान के लिए अनुरोध करें।

रोगियों के रिश्तेदारों से अनुरोध है कि इस नेक कार्य में सहयोग करने की कृपा करें।

You can save lives of people by donating Organs & Tissues like kidney, liver, heart, pancreas, eyes, skin & bones etc. in the unfortunate event of death (Brain stem Death/Cardiac Death).

The Doctor / Transplant Co-ordinator/Counsellor on duty are required by law\* to request you for donation of organs & tissues.

Relatives of patients are requested to kindly cooperate in this noble cause.

Medical Director/MS/Head

Name of the Nodal Officer

Name of the Hospital

Website

Telephone Number



Director/Incharge,

NOTTO/ROTTTO/SOTTO

Name of the State:

Website – [www.notto.mohfw.gov.in](http://www.notto.mohfw.gov.in)

Tollfree No. 1800-11-4770

\*(Transplantation of Human Organs (Amendment) Act 2011. The Gazette of India; part II; section 1. 2011 Sept 27)