

New Jersey Organ & Tissue Donation

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New Jersey Board of Nursing CE Requirements

On February 7, 2014, the New Jersey Board of Nursing began requiring every registered professional nurse to complete a one hour continuing education course that covers organ and tissue donation and recovery designed to address clinical aspects of the donation and recovery process.

A registered professional nurse who completed a course that included a section on organ and tissue donation and recovery during his or her initial nursing education need not complete the continuing education course required above.

Purpose

The purpose of this course is to educate registered nurses in the fundamental aspects of organ and tissue donation to meet the New Jersey Board of Nursing state requirement for continuing education in organ donation.

Learning Objectives

After successful completion of this course, you will be able to:

1. Compare and Contrast the gap between the number of organs donated and the number of people waiting for transplants.
2. Delineate the organ donation process.
3. Examine the various agencies involved in organ transplantation.
4. Clarify the role of the procurement coordinator and the healthcare team in organ/tissue donation.
5. Summarize ethical considerations in organ/tissue donation.

Introduction

By becoming an organ donor, one person can save the lives of up to eight people and improve the lives of dozens -- mothers and daughters, fathers and sons, brothers and sisters -- who are desperately in need of a transplant (Obama, B., 2016).

Anyone, regardless of age or medical history has the potential to become an organ donor; infants and adults through 90 years of age have given the gift of life (New Jersey Sharing Network, ND).

In order to increase the rate of successful organ donation, the federal government, many states and the Joint Commission (TJC) have promulgated requirements promoting the opportunity for donation (ANA, 2013). The Omnibus Reconciliation Act (OBRA) of 1986 required that all hospitals receiving funding from Medicare and Medicaid have policies in place to identify potential organ donors and to inform families of the donation process. OBRA also requires that families are asked about donation when a member dies.

To ensure consistent practices and processes for donation:

The federal government has enacted the [Uniform Anatomical Gift Act](#)

The Centers for Medicare and Medicaid (CMS) has [donation requirements](#)

The state of New Jersey has enacted the [New Jersey Hero Act](#)

The following organs are transplantable:

- Heart
- Lungs
- Liver

- Kidneys
- Pancreas
- Intestines

Tissue donations include:

- Bone
 - Tendons
 - Cartilage
 - Ligaments
 - Skin
 - Corneas
 - Heart valves
- (USDHHS, 2013)

Did You Know?

- More than ninety percent of Americans support organ donation, but only a fraction are registered to donate themselves (Wakefield, M., 2016)
- Your decision to donate could save and enhance more than 50 lives (New Jersey Sharing Network, ND)
- There are no costs associated with organ donation (New Jersey Sharing Network, ND)
- Most religions support organ and tissue donation (New Jersey Sharing Network, ND)
- Many donor families are comforted knowing their loved one's legacy lives on through others (New Jersey Sharing Network, ND)
- People of most races and ethnicities in the U.S. donate in proportion to their representation in the population (New Jersey Sharing Network, ND)
- Although organs are not matched according to race/ethnicity, and people of different races frequently match one another, all individuals waiting for an organ transplant will have a better chance of receiving one if there are large numbers of donors from their racial/ethnic background (New Jersey Sharing Network, ND)
- A greater diversity of donors may potentially increase access to transplantation for everyone (New Jersey Sharing Network, ND)

Facts:

Organ transplants performed in the United States in 2015 exceeded 30,000, a milestone in donation history!

National Facts:

- July 2015 – highest ever monthly total of donations: 848
- African-American and Hispanic donors increased
- Transplant from Donation after Cardiac Death increased
- Living Donor transplants increased but remain under the all-time record

- July 22, 2016 – 120183 people are on the national waiting list
- Twenty-two people die daily waiting for organ transplants (United Network for Organ Sharing, 2016).

New Jersey Facts:

- 5,000 are from New Jersey
- More than 1,000 New Jersey residents were added to the list in 2014
- Every day, three (3) New Jersey residents are added to the list
- Every three (3) days a New Jersey resident will die waiting for transplant
- Only 1/3 of New Jersey residents are registered organ and tissue donors
- 314 minority patients received organ transplants while there were only 86 minority donors
- 169 African Americans received organ transplants while there were 41 African American donors
- 95 Hispanics received organ transplants while there were 40 Hispanic donors
- 48 Asians received organ transplants while there were 5 Asian donors (New Jersey Sharing Network, ND)

Organ Donation in New Jersey

New Jersey is ranked 44th in the nation, in the percentage of residents who are registered donors.

New Jersey Hero Act (P.L. 2008, c 48)

With the enactment of the Hero Act on July 22, 2008, New Jersey has become the first state in the union to advocate that its residents have the fundamental responsibility to choose whether to help save another person's life. The state's public policy toward organ and tissue donation has moved from a position of general support to a position of advocacy that encourages positive donation decisions as imperative to saving more lives. The Hero Act was designed to create a more dynamic and comprehensive public policy regarding organ and tissue donation and includes the following mandated decisional and educational components:

C.26:6-67 – the health and welfare of New Jersey's residents requires a more dynamic, comprehensive framework regarding organ donation, one with mandated educational and decisional components.

C.18A:7F-4 – Information relating to organ donation is given to students in grades 9 – 12.

C.18A:62-45 – Information relating to organ donation is provided at institutions of higher learning

C.45:9-7.5 – Requirements for physician training in colleges of medicine

C.45:11-26.1 – Requirements for professional nurse training will be provided by nursing programs and the licensing board requirement of completion of an approved course prior to licensure or relicensure

C.39:3-12.3 – Donate Life NJ Registry was created

C.39:3-12.4 – 2013 – All new or renewed driver's licenses require the applicant to address organ donation via the on-line portal connected to Donate Life NJ Registry or in person at the Motor Vehicle Commission Agencies

C.26:6-60 – Gifts of donation may be made by will

Test Yourself

The state of New Jersey enacted the Hero Act to: (select all that apply)

- A. Advocate that its residents have a fundamental responsibility to choose to help save another person's life**
- B. Create a more dynamic and comprehensive public policy**
- C. Mandate that all persons applying for a driver's license must make a decision to donate or not before the license is granted**
- D. Mandate educational components for high school and college curriculums**

All of the above are correct: With the enactment of the Hero Act on July 22, 2008, New Jersey has become the first state in the union to advocate that its residents have the fundamental responsibility to choose whether to help save another person's life. The state's public policy toward organ and tissue donation has moved from a position of general support to a position of advocacy that encourages positive donation decisions as imperative to saving more lives. The Hero Act was designed to create a more dynamic and comprehensive public policy regarding organ and tissue donation and includes mandated decisional and educational components.

Did You Know?

NJ Sharing Network is a non-profit, federally-certified, state-approved organ procurement organization responsible for the recovery of organs and tissue for the 5,000 New Jersey residents currently awaiting transplantation, and is part of the national recovery system, which is in place for the over 115,000 people on waiting lists.

24 Hour Referral: 800-541-0075, Main: 800-742-7365,
www.NJSharingNetwork.org

The Organ Donation Process: Five Critical Factors to Remember

1. Referral:

- a. Tissue Donation: Every death must be referred to NJ Sharing Network within one hour for evaluation as a tissue donor (bone, skin, corneas etc.)
- b. Organ Donation: Every patient suffering a non-survivable neurological insult must be referred to NJ Sharing Network within one hour of meeting the following triggers:
 - i. Glasgow Coma Scale of 5 or less
 - ii. Absence of 2 or more brain stem reflexes
 - iii. Beginning discussions of withdrawal of life support
2. Medical Suitability:
 - a. After the initial telephone screening, the organ procurement organization's coordinator may do an on-site evaluation and chart review
3. Organ Donation:
 - a. Brain death: After the patient is declared brain dead, the patients are maintained for 12-24 hours to find a potential recipient.
 - b. Cardiac death: After the family has decided to terminally extubate, the patient is moved to the operating room and extubated. If the patient dies within 90 minutes of extubation; the kidneys, liver, and pancreas may be recovered for transplant.
4. Consent:
 - a. The family is approached ONLY after the discussion regarding brain death is completed and understood or after the decision to remove life support is made.
 - b. The approach for consent should be a collaborative effort between NJ Sharing Network and the healthcare team
5. Maximize the gift:
 - a. One donor can save up to 8 lives

Test Your Self

All deaths must be reported to NJ Sharing Network within one hour.

True

False

The answer is True: Tissue Donation: Every death must be referred to NJ Sharing Network within one hour for evaluation as a tissue donor (bone, skin, corneas etc.)

Ethical Considerations:

There are many ethical and legal issues revolving around the question of what actually constitutes death. To protect the patient from unethical donation recovery practices;

The **dead donor rule**, an ethical norm, states that a person must be declared legally dead before any vital organs are removed. This implies that organ procurement cannot actually cause the death of the donor.

In addition to this rule; the federal government and state legislatures define death by neurological causes and cardiac death.

NJ Sharing network provides guidelines for [Determining Death Based on Neurological Criteria](#)

NJ Sharing network provides guidelines for [Donation after Cardiac Death \(DCD\)](#)

HIPAA Privacy Act:

Under the HIPAA Privacy Act, health care providers may share protected health information for donation recovery purposes without patient authorization, as long as they use reasonable safeguards when doing so (USDHHS, 2013b).

Test Yourself

All hospitals are required to notify the local organ procurement organization (OPO) of every patient that has died or is nearing death, and provide the OPO with information about the deceased to confirm his or her potential to be a donor. Is this a violation of HIPAA Privacy Rules?

- A. Yes
- B. No**

The correct answer is no. The Privacy Rule allows covered health care providers to share protected health information for treatment purposes without patient authorization, as long as they use reasonable safeguards when doing so (USDHHS, 2013b).

The Donation Process:

Currently there are two ways to recover organs for transplantation; cadaver and living donor. This course will discuss both.

The Cadaver Donor Process:

The process of donation begins when a person indicates their consent to be a donor by enrolling in a donor registry, on their driver's license, on a living will, or a discussion with their family. The decision to become an organ donor is a very personal decision and may take place at any time prior to death.

Whenever a devastating neurological injury has been sustained and the healthcare team has determined that the patient cannot recover from the injury, certain steps must occur before donation can ensue.

1. When critical triggers are met, the Organ Procurement Organization (OPO) must be notified with the hour (CMS regulations).

2. The OPO will accept or decline the patient for donation
3. A discussion with the patient's family, if available, must occur to discuss brain death determination or removal of life support
4. In the event of brain death:
 - a. Brain death determination examinations must occur
5. After this discussion, the OPO in conjunction with the healthcare team ask for consent for donation.
6. After consent is obtained, the search by the OPO begins for organ recipients and the needed organs are recovered in the operation room.

Brain Death Determination:

New Jersey law states: Subject to the standards and procedures established in accordance with this act, an individual whose circulatory and respiratory functions can be maintained solely by artificial means, and who has sustained irreversible cessation of all functions of the entire brain, including the brain stem, shall be declared dead. See N.J. Stat. § 26:6A-3 (2005).

The definition of brain death includes three essential elements:

1. Irreversible coma
2. Absence of brain stem reflexes
3. Apnea

A patient properly determined to be dead by neurological criteria is legally and clinically dead.

Steps for determining brain death:

1. Establish proximate cause and irreversibility of coma and monitor the patient for an appropriate waiting period in order to exclude the possibility of recovery;
2. Conduct and document the clinical assessment of coma and brain stem reflexes
3. Perform and document the apnea test
4. Perform ancillary testing, if indicated
5. Pronounce brain death
6. Discontinue cardio-respiratory support in accordance with hospital policies, including policies relevant to organ donation. **Cardio-respiratory support may not be removed from potential organ donors until their donation status is known, and acted upon if applicable.**

Donation after Cardiac Death:

When the patient does not progress to brain death, the healthcare team and family may decide to remove life sustaining treatments. Donation after cardiac death is possible if the patient expires within 90 minutes of the removal of life-support. This mode of donation should be discussed when the patient is not expected to progress to brain death.

Steps for determining cardiac death:

1. Establish proximate cause and irreversibility of coma and monitor the patient for an appropriate waiting period in order to exclude the possibility of recovery;

2. Evaluate the patient's respiratory drive to determine the likelihood of the patient progressing to cardiac death within 90 minutes.
3. Move patient to operating room
4. Discontinue cardio-respiratory support in accordance with hospital policies, including policies relevant to organ donation.
5. Pronounce cardiac death
6. If patient expires within 90 minutes, proceed with organ recovery
7. If patient does not expire within 90 minutes continue comfort care measures

Consent:

If the deceased is not a registered donor and there was no other legal consent for donation such as a driver's license indicator, the OPO will seek consent from the next of kin. The [Uniform Anatomical Gift Act](#) delineates the hierarchy of who can authorize an anatomical gift in the absence of a decision documented by the patient.

If family is not reasonably available, able to be contacted by a procurement organization without undue effort and willing and able to act in a timely manner consistent with existing medical criteria necessary for making an anatomical gift and there is no documented evidence of the decedent choice not to donate; the administrator of the hospital "shall make an anatomical gift of the decedent's body or part" (UAGA C.26:6-85).

Federal regulations require that the person who approaches a family for organ or tissue donation must be trained. These people are known as designated requestors.

Organ donation designated requestor is most often an OPO staff member, who collaborates closely with the healthcare team in this process.

Tissue donation designated requestor may be a member of the healthcare team.

Note:

Be familiar with the Policies & Procedures in your organization and state regarding organ donation and designated requestors.

Nurses, social workers and providers usually establish close and trusting relationships with the family, and are thus in a good position to offer support and address the issue of organ or tissue donation with the family. For this reason, OPO's coordinator often partner with the healthcare team when addressing organ donation with a family.

Test Yourself

When approaching a family to discuss the possibility of organ donation, it is best if:

- A. The nurse approaches the family in private
- B. The clergy is summoned to initiate discussions

- C. The family is approached prior to the determination of brain death or removal of life support
- D. The OPO and healthcare team initiate discussions

The correct answer is D. Nurses, social workers and providers usually establish close and trusting relationships with the family, and are thus in a good position to offer support and address the issue of organ or tissue donation with the family. For this reason, the OPO's coordinator often partners with the healthcare team when addressing organ donation with a family.

The Living Donor Process:

As a result of the growing need for organs for transplantation, living donation has increased as an alternative to deceased donation, and about 6,000 living donations take place each year (USDHHS, 2013). The first successful transplant in the U.S. was made possible by a living donor and took place in 1954, when one twin donated a kidney to his identical twin brother.

Unlike the cadaver donor process, the living donor process involves the health of two people. The living donor may be known or unknown to the recipient.

This life-saving gift is not without risk; both physical and psychological. It is imperative that the potential donor is evaluated thoroughly to help ensure no adverse outcome, physical, psychological, or emotional, will occur before, during, or following the donation.

The potential living donor must carefully weigh the benefits versus the risks, as the donation does include an otherwise unnecessary major surgical procedure and recovery. A small percentage of patients have had issues maintaining life, disability, or medical insurance coverage at the pre-transplant level. Additionally, there can be unforeseen medical issues leading to delays in returning to work and financial concerns.

Generally, living donors should be physically fit, in good health, between the ages of 18 and 60, and should not have or have had diabetes, cancer, high blood pressure, kidney disease, or heart disease (USDHHS, 2013).

Once the living donor is compatibly matched to the donor, surgery is scheduled; preferably in the same facility.

Living Donor Transplantable Organs

Whereas cadaver donors may supply multiple organs and tissues, the living donor supplies one or parts of organs. The most commonly transplanted organs are kidneys, livers, and tissues.

1. Single kidney donation is the most frequent living donor procedure
2. Partial liver donation is possible because the liver is able to regenerate

3. Tissue donation may include skin, bone, blood, marrow, blood stem cells, amnion, and umbilical cord blood

It is also possible to donate a lung or part of a lung. The lung tissue does not regenerate; however, the transplanted portion is fully functional.

If a living donor is receiving a lung transplant and it is determined that a heart/lung transplant is the better option than a lung transplant and the patient has a normal heart; it is possible to transplant the removed heart into another recipient.

Matching Donors with Recipients

Organ Donation Agencies:

The organ/tissue transplantation process is a complex and involves several different agencies.

United Network for Organ Sharing (UNOS), a private, non-profit organization, manages the Organ Procurement and Transplantation Network (OPTN), under contract to the U.S. Department of Health and Human Services. This agency also provides assistance to patients and families, educates for transplant professionals regarding their roles in the transplantation process, and educates the public on the importance of organ donation.

OPTN, a national sharing system to guarantee among other things, fairness in the allocation of organs for transplant; maintains a national database of all patients in the U.S. waiting for a transplant.

Organ Procurement Organizations (OPO), are responsible for increasing the number of registered donors and coordinating the donation process. There are currently 58 OPOs in the United States. OPOs must be certified and abide by the Centers for Medicare and Medicaid Services (CMS) regulations. By federal law, all OPOs must be members of OPTN. Additionally, OPOs are members of the Association of Organ Procurement Organizations.

Wait-Listing:

All patients requiring transplant are listed and prioritized on the wait-list. When a donor organ becomes available the OPTN helps match the organ with the recipient.

Characteristics for matching:

1. Distance from donor to recipient: local, state, region, country
2. Blood type, tissue type, height, weight of donor and recipient
3. Length of time on wait list
4. Severity of disease

Characteristics NOT considered:

1. Race

2. Gender
3. Income
4. Social status

The OPO is given a list of patients (by organ type) who match the donor characteristics. Each organ is offered to the first patient on the list. The transplant surgeon may accept or decline the organ. If the organ is declined, it is offered to the next patient on the list. Most organs (75%) go to local patients. The others are shared with patients in other regions of the country.

OPOs are available 24 hours a day, 365 days a year to help physicians, nurses, and other healthcare professionals involved in donation.

Test Yourself

The name of the organization that operates the national database of all patients in the U.S. waiting for a transplant is the:

- A. Organ Procurement Organization (OPO)
- B. United States National Transplant Organization (USNTO)
- C. **Organ Procurement and Transplantation Network (OPTN)**

The correct answer is the Organ Procurement and Transplantation Network (OPTN). The OPTN operates the national database of all patients in the U.S. waiting for a transplant. It is operated by the United Network for Organ Sharing (UNOS) under contract to the U.S. Department of Health and Human Services.

Waiting for a Donor Organ

Patients can wait a long time for a life-saving organ. The table below show the median national wait time in days.

Organ Median National Waiting Time	
Organ	Time (Days)
Heart	113
Lungs	141
Liver	361
Kidney	1,219
Pancreas	260
Intestines	159

USDHHS (2013)

Cost of Transplantation

There is never a charge to the family or estate of the donor for organ and tissue recovery. All associated recovery costs are paid by NJ Sharing Network. It is an altruistic gift and by law, NJ Sharing Network is not able to pay for any other funeral or hospital charges unrelated to the donation process (<http://www.njsharingnetwork.org/FAQs>).

Test Your Self

The NJ sharing network will pay for the which of the following costs of transplantation?

- a. Funeral costs
- b. All hospital costs
- c. Organ and tissue related costs**
- d. All costs incurred by a donor

Correct Answer: C There is never a charge to the family or estate of the donor for organ and tissue recovery. All associated recovery costs are paid by NJ Sharing Network. It is an altruistic gift and by law, NJ Sharing Network is not able to pay for any other funeral or hospital charges unrelated to the donation process

Contact Between Donors and Recipients

Sometimes organ recipients want to thank the family of their donor. Sometimes donor families want to check on the health and well-being of the person who received an organ from their loved one. The possibility of this human contact lifts the process of donation and transplantation above the mechanics of medicine and surgery and makes it a true sharing of life, gratitude, and love.

Transplant centers and OPOs are required by law to protect the confidentiality of donors and recipients. However, they can arrange for contact between the families when both sides agree.

Conclusion

Organ and tissue donation is a gift of life.

An understanding of the organ donation process and familiarity with the roles and responsibilities of the various organ donation agencies is important is essential for the healthcare team.

The state of New Jersey actively supports organ donation and promotes the education of the public in organ donation.

Together, we can improve and save lives by celebrating those who give of themselves -- whether as living donors or as registered donors -- to provide the greatest gift there is to offer (Obama, B., 2016).

Resources

[United States Department of Health & Human Services](#): Offers a wealth of information for prospective donors, recipients, and healthcare professionals.

[DonateLife.net](#): A not-for-profit alliance of national organizations and state teams across the United States committed to increasing organ, eye, and tissue donation.

New Jersey's organ procurement organizations:

[Gift of Life Donor Program \(Southern New Jersey\)](#)

Howard M. Nathan, President/CEO
401 North 3rd Street, Philadelphia, PA 19123
Ph: (215) 557-8090 – Fax: (215) 557-9359

[New Jersey Organ & Tissue Sharing Network \(Northern and Central New Jersey\)](#)

Joseph Roth, President/CEO
691 Central Avenue, New Providence, NJ 07974
Ph: (908) 516-5400 – Fax: (908) 516-5501

Partnering with Your Transplant Team:

Available in Spanish and English, from the Health Resources and Services Administration (HRSA) and provides wait-listed patients, recipients, and their families an overview of the transplant system and suggestions for how to navigate it. Available from: 1.888.askHRSA or www.ask.HRSA.gov

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