

Appendix 2: Excerpts from medical papers showing apparent dead donor rule violations

Below are the references, Chinese-language text excerpts, and translated text from the medical papers that form the basis of our study. The “docid” column refers to the txt and pdf files that can be found in the respective folders in /data. The full references can be found in the file /data/all_included_w_data.bib and in Table B below. The full Chinese-language reference data is preserved to ensure researchers can locate the original independently.

Table A. References and excerpts to papers used in study

docid	year	Chinese text	translation
3229	1980	供心为一脑外伤患者,取心时呼吸已停,施行气管内插管,人工呼吸,心脏跳动良好。供心取出至复跳共冷灌注保存3小时30分,心脏移植时间69分,循环开放后供心除	The heart donor was a brain trauma patient. By the time of heart procurement, breathing had ceased. Endotracheal intubation was performed and artificial respiration [established]. The heart beat well. The donor heart was procured ...
3528	1994	供心摘取:全麻气管插管下,维持循环呼吸。前胸正中纵切口入路,建立经升主动脉灌注冷心肌保护液系统,放置上、下腔静脉结扎线。全身	Donor heart extraction: under general anesthesia tracheal intubation, maintain circulatory ventilation.
0573	1995	术前1h给供体静脉注射肝素3mg/kg。自第4肋间横断胸骨进胸,剪开心包,见心脏跳动微弱,心肌紫给,经气管插管辅助呼吸后,心肌转红,心脏搏动转为有力。自升主动脉根部插针灌注4°C的冷停跳液1000ml。。。5.1关于供心保护供心的保护直接关系到移植心脏的成败。对于脑死亡的供者,自主呼吸丧失,心肌缺氧,在这紧急情况下,必须在紧急开胸的同时,进行紧急气管插管及辅助呼吸,以维持心脏的血液循环和氧供,缩短心脏的热缺血时间。本文供体开胸时,胸壁切	The donor was intravenously injected with heparin 3mg/kg 1h before the operation. The sternum was transected from the 4th intercostal space into the chest, and the pericardium cut open. The heartbeat was weak and the myocardium was purple. After assisted ventilation through tracheal intubation, the myocardium turned red and the heartbeat turned strong. A needle at the root of the ascending aorta was used to perfuse with 1000ml of cold cardioplegic solution at 4c° ... 5.1 About donor heart protection. The protection of the donor heart is directly related to the success or failure of the transplanted heart. For brain-dead donors with loss of autonomic respiration and myocardial hypoxia, emergency tracheal intubation and assisted respiration must be performed in this emergency situation while opening the chest to

		<p>口已苍白无血迹,心脏已紫给,跳动微弱,但于气管插管供氧后心脏搏动迅即转为有力。取供心时自第4肋间切断胸骨进胸,速度快,显露良好,在野外操作无电源不能进行胸骨锯开的情况下采用此切口不失为一良好选择。本文从开胸到供心取出,耗时仅3min。</p>	<p>maintain the circulation and oxygen supply to the heart and shorten the thermal ischemia time of the heart. When the chest of the donor in this paper was opened, the chest wall incision was pale and bloodless, and the heart was purple and beating weakly. But the heartbeat became strong immediately after tracheal intubation and oxygenation. The donor heart was extracted with an incision from the 4th intercostal sternum into the chest, which is fast and well exposed. This incision is a good choice for field operation where the sternum cannot be sawed open without power. In this paper, it took only 3 min from the opening of the chest to the removal of the donor heart.</p>
3666	1997	<p>供体脑死亡后,尽快气管插管人工呼吸并迅速开胸,速作升主动脉、肺动脉灌注冷停搏液,压力分别为11kPa(83mmHg)、6.67kPa(50mmH</p>	<p>After donor brain death, tracheal intubation was performed as soon as possible for artificial ventilation. The chest was opened quickly, and the ascending aorta and pulmonary artery were infused with cold cardioplegia ...</p>
2181	1998	<p>于1994年9月27日获20岁男性供体心肺(脑死亡)。其心肺保护过程为:确认脑死亡,气管插管,人工呼吸,吸氧。常规消毒依次解剖,暴露心脏,心跳良好。放置升主动脉冠状灌注管,阻断升主动脉</p>	<p>Received a 20-year-old male donor heart and lung (brain death) on September 27, 1994. The cardiopulmonary protection process: confirmation of brain death, tracheal intubation, artificial respiration, and oxygen inhalation. Routine disinfection followed by dissection to expose the heart; heartbeat was good. Place the ascending aorta coronary perfusion tube to clamp the ascending aorta.</p>
2062	1998	<p>2讨论 2.1关于供肺保护 供肺的保护直接关系到肺移植的成败。本例供体开胸时心脏呈紫给,但仍有跳动,行气管插管辅助呼吸后心脏变红,跳动迅速转为有力,因而缩短了肺的热缺血时间。第4肋间横断胸骨进胸,速度快,显露好。供肺采取低温肺动脉灌注加低</p>	<p>2. Discussion. 2.1 About donor lung protection... In this case, the heart of the donor was purple when the chest was opened, but still beating. After tracheal intubation and assisted breathing, the heart turned red and the beating quickly became forceful, thus shortening the warm ischemic time of the lungs...</p>
2458	1999	<p>1.3手术配合过程 1.3.1供者准备 取平仰卧位,胸腹背部垫一硬枕。巡回护士选用带加药壶16号静脉留置针迅速建立静脉通道。同时协助麻醉师气管内插管维持呼吸和循环。1.3.2灌注连接管准备巡回护士在无菌技术操作下将肺动脉灌注液连接管接上冷Collins灌注液瓶(第一瓶soomL</p>	<p>1.3 Surgical cooperation process. 1.3.1 Donor preparation [Donor] takes the supine position, with a hard pillow on the chest, abdomen and back. Roving nurse selects a No. 16 intravenous needle to quickly establish an intravenous channel. At the same time, [she] assists the anaesthetist with endotracheal intubation to maintain breathing and circulation. ...</p>

0004	2000	1.4供体手术气管插管通气胸骨正中开胸纵行切开心包并悬于切口两侧探查心脏外观正常后于	1.4. Donor surgery. Tracheal intubation for ventilation, sternal opening, longitudinal incision of the pericardium and mobilization of both sides of the incision to explore the normal appearance of the heart.
0748	2000	供体心肺功能正常,但胸廓小于受体10%。于脑死亡后立即气管插管接简易呼吸囊行控制呼吸, FiO ₂ 2。迅速开胸,肝素化,分离心肺组织,阻断升主动脉后,从主动脉根部灌注冷晶体停搏液10	The donor's cardiopulmonary function is normal, but the thorax is 10% smaller than that of the recipient. Immediately after brain death the trachea was intubated and a simple breathing balloon was used to control breathing... Open the chest quickly, heparinize, separate the heart and lung tissues, block the ascending aorta, and infuse cold crystalloid cardioplegia ...
2067	2000	供体麻醉 供体确定脑死亡后,行气管插管、维持呼吸、循环、监测心电、血压、留置导尿管。	Donor anesthesia. After the donor is determined to be brain dead, carry out intubation, maintain breathing and circulation, monitor ECG, blood pressure, indwelling urinary catheter...
4155	2001	2供心切取配合 2.1 麻醉配合 脑死亡后用麻醉机维持呼吸巡回护士迅速建立静脉通道,同时协助麻醉医生气管内插管。 2.2 手术配合洗手护士提前30 min 洗手上台迅速摆好器械台将无菌冰块刨成冰屑。协助医生消毒皮肤及铺巾,备好氩气刀、吸引	2. Donor heart extraction and cooperation 2.1 Cooperation during anaesthetization After brain death use an anesthesia machine to maintain breathing; roving nurse quickly establishes a venous channel, and at the same time assists the anesthesiologist with endotracheal intubation. ...
0039	2002	因颅脑外伤而脑死亡。术前供心呼吸已停止,肝素化(3mg/kg 体重)。经气管切开气管插管建立人工呼吸,快速胸部正中切口进胸。剪开心包游离上下腔静脉阻断,让心脏空跳大约15—20次后,阻断升主动脉,在其根部灌注魂C高钾冷停搏液1000ml,压力6.5kPa停止,肝素化(3mg/kg 体重)	Brain death due to craniocerebral trauma. The donor stopped breathing before surgery; heparinization (3mg/kg body weight). Mechanical ventilation established through tracheostomy, and a sternal incision was rapidly made...
0741	2002	受体间ABO血型均相同。1.2原位心脏移植术方法1.2.1供心采取供体年龄22~37岁,无心血管病史,脑死亡后气管插管机械维持呼吸,静脉输液维持循环功能。全身肝素化后,在主动脉根部插管向冠状动脉灌注冷晶体停搏液,诱导心脏	1.2 Orthotopic heart transplantation method. 1.2.1 Donor heart procurement. Donors are 22-37 years old and have no history of cardiovascular disease. After brain death, tracheal intubation mechanically maintains ventilation and intravenous infusion maintains circulatory function.
0779	2002	脑死亡供体:气管插管,人工维持呼吸,胸部正中切口,游离心脏后,主动脉阻断,心脏灌注冷晶体停搏液,切取心脏后修剪并放入冷晶体溶	Brain-dead donor: tracheal intubation, artificial maintenance of breathing, mid-thoracic incision, mobilization of the heart, aortic clamping, heart perfusion...
		月8日,2000年3月20日行心肺联	Heart-lung transplantation was performed on March 8th and March 20th, 2000. After the

0099	2003	合移植术。供体确定脑死亡后,肌注肝素3mgkg,气管插管,彻底吸除气道分泌物,	donor is determined to be brain dead, heparin 3mgkg is injected intramuscularly, the trachea is intubated, and the airway secretions are completely cleared.
0903	2003	提醒手术者尽可能缩短电刀每次使用的持续时间,并尽快建立体外循环。1.3供体心脏的保护术前1h肌注肝素,确定脑死亡,气管插管,充分肺通气,维持血流动力学稳定。供体的冷缺血保护采用改良的St.Thomas液灌注,离体供心采用冰盐	1.3 The protection of the donor heart. 1h before surgery, intramuscular heparin was injected. After determination of brain death, tracheal intubation, adequate lung ventilation, maintain hemodynamic stability.
0268	2003	供体在脑死亡后快速气管插管供氧,开放外周静脉,维持收缩压>10011unHg。正中开胸,冷停跳液灌注供心,以3层无菌塑料袋包装	After brain death, the donor was quickly intubated to provide oxygen, and the peripheral veins were opened to maintain the systolic blood pressure... The chest is opened in the middle, and the heart is infused with cold cardioplegia...
0111	2004	1.3供心的心肌保护供体脑死亡后快速正中开胸,同时插入气管导管人工通气,自主动脉根部注入肝素25000u后阻断升主动脉,于5min内经升主动脉根部灌注4°C改良St.Thomas液1000mL,并于心脏表面放置冰屑,使其迅速停搏。	1.3 Myocardial protection of the donor heart. After brain death, the donor's chest was opened rapidly and the tracheal tube was inserted for artificial ventilation. After 25,000u of heparin was injected at the aortic root, the main ascending aorta was clamped...
0126	2004	,死亡原因均为脑外伤致急性脑死亡。1.2手术方法急性脑死亡后,紧急气管插管,人工辅助呼吸,建立静脉通道,维持血流动力学和呼吸功	All causes of death were acute brain death caused by traumatic brain injury. 1.2 Surgical methods: After acute brain death, emergency tracheal intubation, artificial assisted ventilation, establishment of venous channels, maintenance of hemodynamics and respiratory...
0141	2004	3.1供体心脏的提取供心者取仰卧位,垫高胸腔,气管插管,快速术野消毒辅巾,锯开胸骨,切开心包,升主动脉注入肝素100	3.1 Extraction of donor heart. The donor takes the supine position, chest cavity is raised, intubate trachea, quickly disinfect the surgical area, saw the sternum, cut open the pericardium, injects heparin into the ascending aorta...
0144	2004	本例心肌保护液用4°C改良St·Thomas液,另加入甲基强的松龙500mgL,果糖二磷酸钠5g L。供者行气管插管,球囊加压通气,静脉注射肝素200mg,甲基强的松龙500mg。同时行胸骨正中切口,切开心包	... myocardial protection solution was 4°C modified St Thomas solution, 500 mg L methylprednisolone, and 5 g L fructose diphosphate sodium. The donor underwent tracheal intubation, balloon pressurization, and intravenous injection of 200 mg heparin and 500 mg methylprednisolone. At the same time, a midline sternum incision was made, the pericardium opened...
		供体在确认脑死亡后,气管插管,	After the donor was confirmed brain dead the trachea was

0150	2004	建立人工呼吸,快速胸部正中入路剖胸,倒“	intubated, artificial respiration was established, rapid median sternal incision...
0152	2004	供、受体体重差异均小于10%。术中气管插管,正中开胸,阻断升主动脉,其根部灌注改良StThomas液,迅速取出心脏,离体心脏供体用冰盐水纱布包裹后,迅速放入预置冰水的双层密闭塑料袋内,快速转运。	During the operation, the trachea was intubated, the chest was opened in the middle, the ascending aorta was clamped, the aortic root was perfused...
0169	2004	脑死亡后紧急气管插管,纯氧通气。术前静脉给予甲基强的松龙30	After brain death, emergency tracheal intubation and pure oxygen ventilation...
0173	2004	2.1临床资料及方法3例供体均为急性外伤性脑死亡者,年龄分别为28、32、35岁,脑死亡后均维持氧供,其中2例气管插管处供氧,1例面罩加压供氧。胸骨正中切口进胸,剪开心包后将双侧胸膜打开,游离上腔静脉并自上腔静脉远端向心	2.1 Clinical data and methods. The 3 donors were all patients with acute traumatic brain death; they were 28, 32, and 35 years old respectively. Oxygen supply was maintained after brain death, including 2 cases of endotracheal intubation and 1 case of oxygen supplied through pressurized mask. A mid-sternal incision is made into the chest, and the pleura is opened...
1038	2004	二、移植技术 1.供体心肺的切除:急性脑死亡后,紧急气管插管,吸尽呼吸道分泌物,纯氧通气。经胸骨正中切口,肝素化,切除心包,打开两侧胸膜腔,初步探查心肺无明显异常	2. Transplant technique 1. Excision of donor heart and lung: After acute brain death, emergency tracheal intubation, evacuate respiratory secretions, pure oxygen ventilation. Median sternal incision, heparinization...
0036	2004	1.2供体处理 脑死亡后立即气管插管,接简易呼吸囊上氧控制呼吸,迅速开胸,肝素化,分离心肺组织,阻断升主动脉后,从主动脉根部灌注冷晶体停搏液1000ml,在灌	1.2 Donor handling. After brain death, immediately intubate trachea; connect simple breathing balloon to supply oxygen and control breathing. The chest is opened rapidly, heparinized, the heart and lung tissues are separated, and the ascending aorta is clamped...
2256	2004	2手术步骤简述。 2.1采心肺组。 供体脑死亡后,取仰卧位,迅速气管插管维持供氧,快速消毒铺巾,胸骨正中切口进胸,游离升主动脉、气管后,经升主动脉插管灌注冷心停跳液1500ml;经肺动脉主干插管灌注肺保护液4000ml,灌注压力不超过	2 Brief description of the operation steps. 2.1 Lung procurement team. After donor brain death, donor takes the supine position and is quickly intubated to maintain oxygen supply; rapid disinfection, draping, and entry to chest through the median sternal incision. Mobilize ascending aorta...
2550	2004	1.供者手术:急性脑死亡后,紧急气管插管,吸尽呼吸道分泌物,纯氧通气,胸骨正中切口,切开心包及两侧胸膜腔	1. Donor surgery: After acute brain death, emergency tracheal intubation, exhaustion of respiratory secretions, pure oxygen ventilation, median sternal incision, incision of the pericardium and both pleural cavities...
0178	2005	均为IV级。1.2供心保护方法5例供体均为青年男性。脑死亡	1.2 Methods of donor heart protection. The 5 donors were all young males. After brain death, tracheal intubation

		后气管插管辅助呼吸并维持循环稳定,全身肝素化后(3mg	assists ventilation and maintains stable circulation. After whole body heparinization...
0191	2005	体重65kg,血型“O”型,与受体血型一致,为外伤脑死亡者。开胸前注射肝素100mg,面罩加压给氧,辅助呼吸,	...weight 65kg, blood type O, the same as the recipient's blood type, brain death via external trauma. Before the chest is opened, 100mg of heparin is injected and the mask is pressurized to give oxygen to assist breathing.
0226	2005	肺的切取、保护与修整在无菌条件下进行供心、肺切取,吸净气管分泌物,气管插管给氧。第4肋间横断胸骨,剪开心包,充分显露心底大血管。采用自制	The extraction, protection and trimming of the lungs were carried out under aseptic conditions for heart and lung extraction. Suction of tracheal secretions, endotracheal intubation with oxygen. Transect the sternum in the 4th intercostal space and cut open the pericardium ...
0239	2005	与供者器官切取同期进行,供者手术在无菌条件下进行,脑死亡后立即气管内插管给氧,吸净气管内分泌物。双侧第4肋间横	Donor surgery was performed under aseptic conditions. After brain death, endotracheal tube was immediately intubated to give oxygen, and the secretions in the trachea were cleaned.
1132	2005	1.2供心保护方法4例供体中3例为男性,1例为女性,均在脑死亡后迅速气管插管辅助呼吸并维持循环稳定。快速正中开胸,暴露心脏,全身肝素化处理(3mg/kg),阻断主动脉,采用冷晶体	1.2 Methods of donor heart protection. Among the 4 donors, 3 cases were male and 1 case was female. After brain death, all of them were quickly intubated to assist breathing and maintain stable circulation. Rapid midline thoracotomy, exposure of the heart...
1420	2005	脑死亡后,气管插管机械通气,胸部正中切口,肝素化后切开心包游离大血管,肺动脉根部注入PGE1(保达新,德国许瓦兹大药厂生产)500μg后,	After brain death, tracheal intubation and mechanical ventilation; midline sternal incision...
1936	2005	供体的麻醉处理:供体心肺功能正常,但胸廓小于受体10%。于脑死亡后立即气管插管,呼吸机控制呼吸,空氧混合氧浓度为50%,肝素化3mg/kg,分离心肺组织,吸尽呼吸道分泌物,阻断升主动脉,从主动脉根部灌	Anesthesia treatment of the donor: The cardiopulmonary function of the donor is normal, but the thorax was less than 10% of the recipient. Immediately after brain death, the trachea was intubated and a ventilator controlled breathing... the heart and lung tissues were separated, the respiratory secretions were sucked, the ascending aorta was clamped...
2803	2005	1.手术方法:(1)供体手术:对急性脑死亡者,行气管插管,纯氧通气;取胸骨正中切口,切开心包及两侧胸膜腔,探查心肺无明显异常;全身肝素化,主动脉及肺动脉根部分别置入灌注管,自升主	1. Surgical methods: (1) Donor surgery: acute brain death patients; carry out tracheal intubation; provide pure oxygen ventilation; make a midline incision on the sternum, open pericardium and both pleural cavities...
		1. 2. 1供体心肺的切取。气管插管,吸净呼吸道分泌物,	1.2.1 Donor heart and lung extraction. Tracheal intubation,

0261	2006	通气, 胸骨正中切口, 由于供肺体积大于受体胸腔容量	secretions in respiratory tract sucked out, ventilation, sternal incision is made...
0278	2006	1.供体的切取。供体宣布脑死亡后,将供体取仰卧位,争取做气管插管,快速消毒、铺巾、切	1. Donor extraction. After the donor is declared brain dead, put donor in the supine position, strive for tracheal intubation, quickly disinfect, drape, and cut.
0285	2006	1.3供体心肺的切取和保护方法 供体脑死亡后迅速气管插管,清除呼吸道分泌物和误吸物,供氧;迅速消毒铺	1.3 Methods for the extraction and protection of the donor's heart and lungs. After donor brain death, rapid tracheal intubation, removal of respiratory secretions, provision of oxygen...
0297	2006	1.2.1供体心肺的获取和保存 供体脑死亡后迅速气管插管进行机械通气。行胸骨正中切口,经上腔静脉注入	1.2.1 Acquisition and preservation of the donor's heart and lungs. After the donor brain death, the trachea was quickly intubated for mechanical ventilation. Median sternal incision...
0298	2006	供肺切取:供体气管插管,经外周静脉肝素化并给甲强龙1000mg,纵劈胸骨,切开心包,	Donor lung extraction: Donor tracheal intubation, heparinization through the peripheral vein. 1000 mg of methylprednisolone. Split the sternum longitudinally, cut open the pericardium.
0303	2006	1.供肺获取及移植手术:供者平卧位,气管插管,胸骨正中切口,经肺动脉逆行灌注法将双肺及心脏整块摘取[1]。	1. Donor lung acquisition and transplantation: the donor is in the supine position, tracheal intubation, median sternum incision...
1288	2006	①获取供肺。供体平卧位,气管插管,在获取供体肺全程均通气。胸骨正中开胸,4°C Celsior液经肺动脉逆行双肺灌注,液体用量为4000mL,压力为3	① Donor lung procurement. The donor was placed in the supine position, the trachea was intubated, and the donor lungs were ventilated during the whole process. The thoracic cavity was opened in the middle of the sternum...
1444	2006	供、受者淋巴细胞毒交叉配合试验阴性。二、手术方法1.供者手术:供者死亡后紧急气管插管,纯氧通气,给予甲泼尼龙30mg/kg,静脉注射肝素3mg/kg。胸骨正中切口,心包广泛切除至两侧肺静脉	2. Surgical methods 1. Donor surgery: Emergency tracheal intubation after the death of the donor, pure oxygen ventilation, 30mg/kg methylprednisolone and 3mg/kg heparin intravenously. Mid-sternal incision ...
1447	2006	1.供肺获取及移植手术:供者平卧位,气管插管,胸骨正中开胸,经肺动脉逆行双肺灌注,将双肺及心脏整块摘取[1]。灌注液采用4°C Celsior液或低分子	1. Donor lung acquisition and transplantation: the donor is in the supine position, the trachea is intubated, the chest is opened in the middle of the sternum, and the lungs are perfused anteriorly through the pulmonary artery...
		2供心的采取与保护: 心脏是最不易耐受缺血的器官之一, 所以供心的采取要体现一个“快”字, 同时各个环节要紧密配合, 尽量缩短配合的时间。具	2 Procurement and protection of the donor heart: The heart is one of the organs least tolerant of ischemia, so procurement from the heart donor should be rapid... Specific steps: After intubating the donor trachea

3123	2006	<p>体步骤：给供体气管插管，人工呼吸机通气后，取前胸正中切口，胸骨劈开，打开心包及两侧胸膜，游离上腔静脉和主动脉，于上腔静脉或主动脉内注射肝素（3mg / k</p>	<p>and ventilating with an artificial ventilator, make an anterior midline incision, split the sternum, open the pericardium and both sides of the pleura, free the superior vena cava and aorta...</p>
4164	2006	<p>损、重度肺动脉高压、艾森曼格综合征。供体,男,22岁,无心肺病史,无吸烟史,ABO血型相同,体形匹配,淋巴细胞毒抗体试验阴性。供肺切取保护:脑死亡后立即气管切开插管通气,胸正中切口,切开心包及胸膜,阻断主动脉,经肺动脉注射前列腺素E1(PGE1)500μg,顺灌及逆灌冷低钾右旋糖酐</p>	<p>Donor, male, 22 years old, no history of cardiopulmonary disease, no history of smoking, same ABO blood type, body shape matching, lymphotoxic antibody test negative. Donor lung extraction protection: Immediately after brain death, ventilate via tracheostomy, make mid-thoracic incision, cut the pericardium and pleura, clamp the aorta, inject prostaglandin through the pulmonary artery...</p>
1075	2006	<p>脑死亡的供体,立即行气管插管,人工辅助呼吸,保持氧供,建立静脉通路,适当补液,保持血液动力学稳定。快速胸骨劈开,悬吊心包,夹闭主动脉后,经主动脉根部插灌注针</p>	<p>Brain-dead donors, immediately conduct tracheal intubation and artificial ventilation, maintain oxygen supply, establish venous access, fluid replacement, and maintain hemodynamic stability. Quickly split the sternum, lift pericardium, clamp the aorta...</p>
2283	2006	<p>供体为26岁男性脑死亡者。供受体血型均为O型,热缺血时间为8min。供体取平卧位,胸部“U”形切口,气管插管,在距肺动脉瓣2cm处缝荷包,放置6.5mm的主动脉弓插管。用16号针头经肺动脉干快速注入前列腺素PGE1(500μg)。阻断</p>	<p>The donor was a 26-year-old brain dead male. The donor and recipient blood types are all O type, and the warm ischemia time is 8 min. The donor was placed in a supine position, U shaped incision in the chest, tracheal intubation...</p>
0775	2006	<p>3:供体为男性,供受体血型均为为“B”型,受体PRA:I类:3.6%,II类:0%,淋巴细胞毒试验为0%。3.供体心肺的切取和处理:供体均为脑死亡者,行气管插管,吸尽呼吸道分泌物,加压通气。经胸骨正中切口,肝素化,切除心包,打开两侧胸膜腔,初步探查心肺无明显异常。在升主动脉及肺动脉</p>	<p>3: Donors were male; blood type of the donor and recipient was B... Excision and treatment of donor heart and lungs: Donors were all brain dead, underwent tracheal intubation, exhausted respiratory secretions, and pressurized ventilation. Through a midline sternal incision, heparinization was performed, the pericardium was cut away, pleural cavities on both sides were opened...</p>
0352	2007	<p>1.2.1供心切取配合①护士协助医生气管插管辅助呼吸并维持循环稳定,正中开胸后剪开心包,主动脉以0/4pr</p>	<p>1.2.1 Cooperation in donor heart extraction ① The nurse assists the doctor with tracheal intubation to assist breathing and maintain stable circulation. After opening the chest, cut the pericardium, and the aorta is ...</p>
0354	2007	<p>1. 3. 1 供体心脏切取急性脑死亡后紧急气管插管,吸尽呼吸道分泌物,纯氧通气。经胸骨正中</p>	<p>1.3.1 Donor heart procurement. Emergency tracheal intubation after acute brain death, suction out respiratory secretions, ventilate with pure oxygen.</p>
		<p>细胞毒配型好的不影响存活</p>	<p>Before organ harvesting the</p>

1551	2007	<p>率。在摘取器官之前, 供体肝素化 (3mg / kg), 给予甲基强的松龙1g, 有利于肺保护; 气管插管, 彻底吸除气道分泌物, 人工通气维持肺膨胀有利于充分肺灌洗; 先用前列环素或前列腺素 E 1, 使血管最大限度扩</p>	<p>donor is heparinized (3mg/kg) and given 1g of methylprednisolone, which is conducive to lung protection; tracheal intubation, complete suction of airway secretions, artificial ventilation to maintain lung inflation is conducive to adequate lung lavage...</p>
1716	2007	<p>1.2手术方法。 1.2.1供肺的切取。 气管内插管后,肝素化 1mg/kg,胸骨正中切口进胸,探查供肺无异常,在心包内游离上、下腔静脉,套10号阻断线,游离升</p>	<p>1.2 Surgical method. 1.2.1 Donor lung procurement. After tracheal intubation, heparinization 1mg/kg, chest is cut through the median sternum, donor lung is explored for abnormalities...</p>
1859	2007	<p>2手术方法。 2.1供体心脏切取。急性脑死亡后,紧急气管插管,吸尽呼吸道分泌物,纯氧通气,取仰卧位,垫高胸腔,用0.5%碘伏快速消毒,铺正中切口,电锯锯开胸骨,打开胸腔,切开心包探</p>	<p>2 Surgical methods. 2.1 Donor heart procurement. After acute brain death, emergency tracheal intubation, exhaust the secretions of the respiratory tract, ventilate with pure oxygen, place [donor] in supine position, elevate the chest cavity, quickly disinfect with 0.5% iodophor, make median incision, saw open the breastbone...</p>
0370	2008	<p>2方法2.1供体肺获取及移植手术供体平卧位, 气管插管, 胸骨正中开胸, 在获取供体肺全程均通气。肺保护液采用冷低钾肺保</p>	<p>2 Methods. 2.1 Donor lung acquisition and transplant surgery. The donor is in the supine position, the trachea is intubated, the chest is opened in the middle of the sternum, and the donor lungs are ventilated during the whole process...</p>
0414	2008	<p>2. 1供体心肺的切取和保护。 供体均为脑死亡者, 行气管插管, 经胸骨正中开胸, 肝素化, 切除心包, 在升主动脉及肺动脉根部分别</p>	<p>2.1 Excision and protection of donor heart and lungs. The donors were all brain dead. Carry out tracheal intubation, thoracotomy through the middle of the sternum, heparinization, pericardial resection...</p>
1760	2008	<p>1.2方法。 1.2.1供体肺获取: 供体平卧位,气管插管,胸骨正中开胸,经肺动脉顺行双肺灌注将双肺及心脏整块摘取[1]。灌注液例1采用冷Celsior液,例2及</p>	<p>1.2 Method. 1.2.1 Procuring donor lungs: the donor is in the supine position, the trachea is intubated, the chest is opened in the middle of the sternum, antegrade lung perfusion through the pulmonary artery, the lungs and the heart are removed en bloc...</p>
1803	2008	<p>供体脑死亡后迅速气管插管进行机械通气,严格消毒后行胸骨正中切口,充分游离上腔静脉、主动脉后阻断主动脉及肺动脉,主动脉根部灌注改</p>	<p>After donor brain death, trachea is quickly intubated and mechanically ventilated. After strict disinfection, a median sternal incision was performed...</p>
		<p>2.2.1麻醉术前处理为缩短供心肺的取血时间,巡回护士快速开放静脉通道,将供体体位摆好(平</p>	<p>2.2.1 Pre-anesthesia treatment. In order to shorten the time to obtain blood for the donor heart and lung, the traveling nurse quickly opens the intravenous channels and positions the donor body (lying down, with the two upper limbs</p>

0423	2009	卧位,两上肢分别置于供体两旁)并固定妥当。协助麻醉医生进行支气管镜检查后进行气管插管。2.2.2供心肺切除配合(1)常规消毒铺巾,正中开胸切口,劈开胸骨后剪开心包,用胸骨牵开器牵开心包,暴露心包腔及胸腔	placed on each side of the donor) and fixes it properly. Assist the anesthesiologist to perform bronchoscopy and then tracheal intubation. 2.2.2 Donor lung resection (1) Routine disinfection and towel placement, median thoracotomy, splitting the sternum and then cutting open the pericardium...
0463	2010	供体在确认脑死亡后,4例气管插管,3例面罩吸氧,迅速建立人工呼吸,快速胸部正中入路剖胸。	After the donor is confirmed brain dead, 4 cases of tracheal intubation, 3 cases of mask oxygenation, quickly establish artificial respiration, rapid median thoracic dissection...
2155	2010	1.2手术方法1.2.1供体肺获取供体平卧位,气管插管,胸骨正中开胸,在获取供体肺全程均通气。肺保护液采用冷低钾肺保护液Celsior液或LPD液,在使用前保存于盛有冰-水混合物的保	1.2 Surgical method. 1.2.1 Donor lung procurement. Donor placed in supine position, trachea intubated, chest opened in the middle of the sternum, donor lung ventilated during the whole process.
0492	2011	体血型相符。供体心肺的获取和保护首先吸净供体呼吸道分泌物,行气管插管通气,经外周静脉注射甲基强的松龙500mg及2.5mg/kg肝	Procurement and protection of donor heart and lungs: Firstly, the donor's respiratory secretions are sucked out, tracheal intubation is performed, and methylprednisolone 500 mg and 2.5 mg/kg heparin are injected through a peripheral vein.
0499	2011	3.3供心的切取供体气管插管后切开皮肤直达胸骨,锯开胸骨后撑开器撑开,剪开心包,于主动脉根	3.3 Donor heart extraction. After intubation, cut the skin straight to the sternum, saw the sternum, open the retractors, cut open the pericardium, on the aortic root...
2497	2011	4.供体心脏的保护供体术前1h肌注肝素,确定脑死亡,气管插管,充分肺通气,维持血流动力学稳定。供心的冷缺血保护采用改良的St.Thomas液灌注,离体供心采用冰盐	4. Donor heart protection. The donor was injected with heparin 1h before the operation. Determine brain death, intubate the trachea, fully ventilate the lungs, maintain hemodynamic stability...
0528	2013	1. 4 供心的心肌保护供体脑死亡后插入气管导管人工通气,同时快速开胸,自主动脉根部注入	1.4 Myocardial protection of the donor heart. After brain death, the donor is intubated with a tracheal tube for artificial ventilation, and at the same time, the chest is opened quickly, and the aortic root is injected...
0640	2014	1. 2手术技术及术后处理供者气管插管后采用胸骨前正中切口,离断下腔静脉、上腔静脉、主动脉及气管,分	1.2 Surgical technique and postoperative treatment. After the donor's tracheal intubation, an anterior sternal incision was used to cut the inferior vena cava, superior vena cava, aorta and trachea.
			2.2 Perioperative cooperation 2.2.1 Donor group cooperation.

3000	2014	2. 2术中配合2. 2. 1供体组的配合供体组人员做好充分的术前准备, 供体均为脑死亡者, 行气管插管, 吸尽呼吸道分泌物, 加压通气。消毒铺巾后经胸骨正中切口, 肝素化后切开心包, 打开两侧胸膜, 初步探查心肺无	... The donors are all brain-dead patients. Tracheal intubation is performed, respiratory secretions are expelled, and ventilation is pressurized. After sterilizing and draping, make a midline incision on the sternum, cut open the pericardium after heparinization, open the pleura on both sides, and initially explore...
0639	2015	.2.1供体器官的获取与保护供体全身肝素化后, 仰卧位, 经口气管内插管, 麻醉师间断手动皮球鼓肺给氧。正中劈开胸骨, 快速剪开心包和两侧	2.1 Obtaining and protecting the donor organs. After the donor's whole body is heparinized, donor is supine, endotracheal intubation is performed through the mouth, and the anesthesiologist intermittently gives oxygen to the lungs by manual balloon pressure. Split the breastbone in the middle, quickly cut the pericardium...
3892	2015	在器官捐赠者脑死亡后, 给予气管插管维持人工通气, 在其心跳尚存和肺血流灌注良好的情况下取出供肺, 用肺灌注液灌洗并低温保存一段时间后完成肺移	After the organ donor brain death, the donor was given tracheal intubation to maintain artificial ventilation. The donor lung was extracted when the heartbeat was still present and the lung blood perfusion was good...

Table B. Full reference to original document with English translation

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