**USE OF HIGH FREQUENCY PERCUSSIVE VENTILATOR AS BRIDGE TO ORGAN PROCUREMENT: LIFE GOES ON**

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An estimated 121,000 individuals are awaiting organ transplant while there are 13,700 listed donors. Brain death donors make up the overwhelming majority of the donor pool because of the relatively preserved oxygenation. We illustrate the role of high-frequency percussive ventilation (HFPV) - volumetric diffusion respirator (VDR) as bridge to procurement for hypoxemic respiratory failure donors who have failed traditional ventilator.

A 34-year-old female was brought to our emergency department after she sustained traumatic head injury from a motor vehicle accident. She was unconscious with a Glosgow scale of 3 and saturation was 80% on 100% fraction inspired oxygen delivered by facemask. Computer tomography showed cerebral edema with midline shift and multiple skull base fractures. Her oxygenation continued to decline and her trachea was subsequently intubated and mechanically ventilated. Decompressive hemicraniatomy was performed however her neurological exam was consistent with brain death. There was worsening hypoxia and in concern for ongoing hypoxia on traditional ventilator, she was tried on VDR and in the first hour, her partial pressure of oxygen increased from 56mmhg and then to 418 mm Hg within the two hours allowing for successfully procurement.

The application of HFPV- VDR in this patient resulted in sustained but non-invasive improvement in oxygenation that could not be achieved with traditional ventilator. We were able to successfully procure two donor kidneys and transplanted to two different individuals who continue to do well. We therefore propose that using VDR in selected cases such as this can help increase the donor pool.