Sample Brain Death Policy Checklist

UNIT NO.:

NAME:

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.

If the clinical examination cannot be performed adequately and an ancillary test is necessary, <u>two examinations are NOT required.</u>

I. PREREQUISITES	**I. FIRST EXAM**	**I. SECOND EXAM**
A. Clinical or neuroimaging evidence of acute CNS catastrophe that is compatible with irreversible loss of brain function	A. Yes ❑ No ❑	A. Yes ❑ No ❑
B. Absence of complicating medical conditions		
1. Absence of severe electrolyte, acid base or endocrine disturbance or severe hyperammonemia	1. Yes ❑ No ❑	1. Yes ❑ No ❑
2. Absence of drug intoxication, poisoning, sedatives or neuromuscular blocking agents	2. Yes ❑ No ❑	2. Yes ❑ No ❑
3. Core temperature 96.8°F / 36°C or greater	3. Yes ❑ No ❑	3. Yes ❑ No ❑
II. COMA or UNRESPONSIVENESS	**II. FIRST EXAM**	**II. SECOND EXAM**
Absence of any cerebrally-mediated response to auditory and tactile noxious stimulation, peripherally and in the cranium	Yes ❑ No ❑	Yes ❑ No ❑
III. ABSENCE of BRAINSTEM REFLEXES	**III. FIRST EXAM**	**III. SECOND EXAM**
A. Absent pupillary responses		
1. Pupillary size midposition or dilated	1. Yes ❑ No ❑ Untestable ❑	1. Yes ❑ No ❑ Untestable ❑
2. Pupils unresponsive to bright light	2. Yes ❑ No ❑ Untestable ❑	2. Yes ❑ No ❑ Untestable ❑
B. Absent eye movement		
1. Absent oculocephalic reflex	1. Yes ❑ No ❑ Untestable ❑	1. Yes ❑ No ❑ Untestable ❑
2. Absent oculovestibular reflex (caloric responses) (N.B. The oculovestibular reflex must always be tested. The oculocephalic test may be contraindicated when C-spine integrity questioned; otherwise it must be tested.)	2. Yes ❑ No ❑ Untestable ❑	2. Yes ❑ No ❑ Untestable ❑
C. Absent corneal reflexes	C. Yes ❑ No ❑ Untestable ❑	C. Yes ❑ No ❑ Untestable ❑
D. Absent pharyngeal and tracheal reflexes		
1. Absent response to posterior pharyngeal stimulation	1. Yes ❑ No ❑ Untestable ❑	1. Yes ❑ No ❑ Untestable ❑
2. Absent cough to bronchial suctioning	2. Yes ❑ No ❑ Untestable ❑	2. Yes ❑ No ❑ Untestable ❑
3. Absent spontaneous respirations	3. Yes ❑ No ❑	3. Yes ❑ No ❑

PT. NAME:

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IV. APNEA	**IV. FIRST EXAM**	**IV. REPEAT APNEA TESTING IS NOT REQUIRED IF THE FIRST TEST CONFIRMS APNEA**
A. Prerequisites		
1. Core temperature 96.8° F/ 36° C or greater	1. Yes ❑ No ❑	
2. Systolic BP > 100 mmHg (with or without vasopressor agents)	2. Yes ❑ No ❑	
3. Arterial pCO2 40 +/- 5 mm Hg (in known non-CO2 retainer)	3. Yes ❑ No ❑	
4. Arterial pO2 greater than 90 mm Hg	4. Yes ❑ No ❑	
B. Apnea testing checklist		
1. Preoxygenate to a PaO2 >200 mm Hg and then administer 100% FIO2 during the entire test period	1. Yes ❑ No ❑	
2. Disconnect the ventilator; monitor with pulse oximeter throughout the test period	2. Yes ❑ No ❑	
3. Deliver 100% FIO2 into the trachea via a cannula at the level of the carina, maintaining oxygen saturation above 85%	3. Yes ❑ No ❑	
4. Check arterial blood gases at 8-10 minutes and reconnect the ventilator when either a) pCO2 is 60 mmHg or greater, or b) pCO2 is greater than 20 mmHg above the patient's known baseline (in known CO2 retainers)	4. Yes ❑ No ❑	
5. Abort the apnea test and immediately reconnect the ventilator for any of the following reasons:		
a. Systolic BP falls below 90 mm Hg or there is cardiovascular collapse	a. Yes ❑ No ❑	
b. Oxygen desaturation (<85% for >30 seconds)	b. Yes ❑ No ❑	
c. Significant cardiac arrhythmia	c. Yes ❑ No ❑	
d. Respiratory movements are observed	d. Yes ❑ No ❑	
	C. RESULTS of APNEA TESTING 1. APNEA CONFIRMED Yes ❑ No ❑ OR 2. APNEA TESTING CONTRAINDICATED Yes ❑ OR 3. APNEA TEST ABORTED Yes ❑	

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I – IV MUST BE MET TO CONFIRM DEATH BY NEUROLOGICAL CRITERIA WITHOUT THE NEED FOR ANCILLARY TESTING

V. ANCILLARY TESTING IS REQUIRED WHEN ITEMS I AND II ARE MET BUT EITHER ITEM III (BRAINSTEM REFLEX TESTING) OR ITEM IV (APNEA TESTING) CANNOT BE COMPLETED OR CONFIDENTLY INTERPRETED

ANCILLARY Study Performed:

❑ CONVENTIONAL CATHETER-BASED CEREBRAL ANGIOGRAPH

❑ NUCLEAR MEDICINE CEREBRAL BLOOD FLOW STUDY (TECHNETIUM 99M SPECT)

❑ TRANSCRANIAL DOPPLER

❑ ELECTROENCEPHALOGRAPHY

DEMONSTRATED ABSENCE OF CEREBRAL BLOOD FLOW OR CEREBRAL ELECTRICAL ACTIVITY: YES ❑ NO ❑

SUMMARY OF FINDINGS

	YES	NO	OTHER
I. PREREQUISITES	❑	❑	
II. COMA or UNREPSONSIVENESS	❑	❑	
III. ABSENCE of BRAINSTEM REFLEXES	❑	❑	❑ **(Untestable)**
IV. APNEA	❑	❑	❑ **(Apnea test aborted or contraindicated)**
V. BRAIN DEATH ESTABLISHED BY ANCILLARY TESTING	❑	❑	❑ **(Not indicated)**

CONFIRMED DEATH IN ADULTS BY Neurological CRITERIA YES ❑ NO ❑

1st examiner signature: _____ / _____
Printed Name

Date: _____ / _____ / _____ Time: _____

2nd examiner signature: _____ / _____
Printed Name

Date: _____ / _____ / _____ Time: _____