



6814

## BRAIN DEATH PROGRESS NOTE

The basic requirement for the declaration of brain death is the irreversible loss of cortical and brain stem activity in the adult. This requirement has three facets: absent brain stem reflexes, absent cortical activity, and a demonstration that this state is irreversible. One clinical exam must be performed by two physicians certified to determine brain death after an observation period of at least 3 hours. The examination must include testing for apnea. Contact LifeChoice Donor Services (1-800-874-5215) prior to initiating brain death examination. The details of this protocol are explained in the Policy for Determination of Death by Brain Death Criteria. This form must be completed and placed into the medical record.

**PREREQUISITES FOR THE CLINICAL DETERMINATION OF BRAIN DEATH:**

1. Etiology of irreversible coma is known:  yes  no Cause: \_\_\_\_\_
  2. Neuroimaging compatible with brain death:  yes  no Results: \_\_\_\_\_
  3. Supratherapeutic drug effect ruled out (see policy):  yes  no Drug Level: \_\_\_\_\_
  4. Clinically relevant, severe serum chemistry, acid-base and endocrine abnormalities adequately treated:  yes  no  n/a (explain): \_\_\_\_\_
  5. Core temperature  $\geq 36.5^{\circ}\text{C}$  ( $97^{\circ}\text{F}$ )  yes  no
  6. Systolic BP  $> 100$  mmHg or Mean Arterial Pressure  $> 60$  mmHg  yes  no
- Any "no" response above, requires a confirmatory test be obtained after the clinical exam and apnea test.

	Examination	Comments
Time:	_____ am / pm	
Date:		
Blood Pressure:		
Body Temp:		

<b>Cortical Function:</b> Responsiveness to stimuli: Supraorbital Ridge Pressure Nail Bed Pressure	<input type="checkbox"/> Present <input type="checkbox"/> Present	<input type="checkbox"/> Absent <input type="checkbox"/> Absent	
<b>Brain Stem Function:</b> Pupil Size	Right _____ mm	Left _____ mm	
Pupillary light reflex:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Corneal reflex:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Oculocephalic reflex:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Oculovestibular reflex:	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	
Bulbar reflex: (gag/cough):	<input type="checkbox"/> Present (gag) <input type="checkbox"/> Present (cough)	<input type="checkbox"/> Absent (gag) <input type="checkbox"/> Absent (cough)	

**CLINICAL EXAM:**

**APNEA TEST:** Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Duration of test: \_\_\_\_\_ minutes

There were no spontaneous respirations observed.

Initial Arterial pH:	Initial P <sub>a</sub> CO <sub>2</sub> :	Final Arterial pH:	Final P <sub>a</sub> CO <sub>2</sub> :
( )	( ) torr	( )	( ) torr

**CONFIRMATORY TESTS (if performed):**

EEG  Radionuclide Scan  Cerebral Angiography  TCD (performed by: \_\_\_\_\_)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Results: \_\_\_\_\_

We have performed this examination according to the procedure outlined in the Policy for Determination of Death by Brain Death Criteria and we concur that this patient has met the criteria for brain death.

**Time of Death:** \_\_\_\_\_

(Time apnea test completed or time confirmatory test read)

\_\_\_\_\_, MD/DO  
Physician's Signature (#1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_, MD/DO  
Physician's Signature (#2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time