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 \( \geq 36.5^\circ C (97^\circ F) \) yes no
6. Systolic BP > 100 mmHg or Mean Arterial Pressure >60mmHg yes no
Any "no" response above, requires a confirmatory test be obtained after the clinical exam and apnea test.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Comments</th>
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<tr>
<td>Time:</td>
<td>am / pm</td>
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<tr>
<td>Date:</td>
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<tr>
<td>Blood Pressure:</td>
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<td>Body Temp:</td>
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Cortical Function:
- Responsiveness to stimuli:
  - Supraorbital Ridge Pressure: □ Present □ Absent
  - Nail Bed Pressure: □ Present □ Absent

Brain Stem Function:
- Pupil Size:
  - Right _____ mm Left _____ mm
- Pupillary light reflex: □ Present □ Absent
- Corneal reflex: □ Present □ Absent
- Oculocephalic reflex: □ Present □ Absent
- Oculovestibular reflex: □ Present □ Absent
- Bulbar reflex: (gag/cough):
  - □ Present (gag) □ Absent (gag)
  - □ Present (cough) □ Absent (cough)

CLINICAL EXAM:
APNEA TEST: Start time:_____ End time:_____ Duration of test: _____ minutes
☐ There were no spontaneous respirations observed.

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<tr>
<th>Initial Arterial pH:</th>
<th>Initial P,CO2:</th>
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<th>Final P,CO2:</th>
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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

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