ADULT BRAIN DEATH ASSESSMENT CHECKLIST

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for coma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Prerequisites (all must be checked)**
* Irreversible and proximate cause of coma is established OR
* Neuroimaging explains coma
* Exclude the CNS depressant drug effects (when possible - perform toxicology screen, serum drug level below therapeutic range, alcohol level).
* No evidence of residual paralytics (test train of four if there is any doubt)).
* Absence of severe acid-base, electrolyte, endocrine abnormality.
* Normothermia or mild hypothermia (core temperature >36°C).
* Systolic blood pressure ≥100 mm Hg.
* No spontaneous respirations.

**Proceed to assessment only if all prerequisites are checked**

1. **Assessment (all must be checked)**
2. **Brainstem reflexes**
* Pupillary reflex absent (both eyes)
* Corneal reflex absent (both eyes)
* Oculocephalic reflex absent (tested only if C-spine integrity ensured)
* Oculovestibular reflex absent (tested only if TMs intact)
* No facial movement to noxious stimuli at supraorbital nerve, temporomandibular joint
* Gag reflex absent
* Cough reflex absent to tracheal suctioning
1. **Lack of responsiveness**
* Absence of motor response to noxious stimuli in all four limbs (spinally mediated reflexes are permissible)

3. **Apnea testing**

* Patient is hemodynamically stable.
* Ventilator adjusted to provide normocarbia (PaCO2 35–40 mm Hg).
* Patient preoxygenated with 100% FiO2 for >10 minutes. Recommended PaO2 >200 mm Hg.
* Positive end-expiratory pressure (PEEP) of 5 cm of water.
* Obtain baseline arterial blood gas
* Preserve oxygenation via oxygen tubing to the level of the carina at 6 L/min
* Disconnect ventilator
* Spontaneous respirations absent.

(Check boxes of either left or right column)

* Draw Arterial blood gas at 8–10 minutes OR earlier if test has to be aborted
* Patient reconnected to ventilator.
* Post-test ABG drawn
* PCO2 ≥60 mm Hg, or 20 mm Hg rise from normal baseline value.

OR:

* Apnea test aborted
* ABG draw before reconnecting ventilator (if no ABG draw, review 4.3.3 and 4.3.4 of supplementary material)

Pre-test ABG: pH \_\_\_\_\_\_ pCO2 \_\_\_\_\_\_ pO2 \_\_\_\_\_\_

Post-test ABG: pH \_\_\_\_\_\_ pCO2 \_\_\_\_\_\_ pO2 \_\_\_\_\_\_ at \_\_\_\_\_\_ minutes

**If all boxes are checked in section B, proceed to section E (declaration) \*\***

1. If all boxes are not checked in section B, (check one)
* Repeat assessment after 6 hours
* Perform Ancillary testing (listed in section D)
1. **Ancillary testing** (only one needs to be performed) Only if clinical examination cannot be fully performed due to patient factors, or if apnea testing inconclusive or unable to be performed.

To be interpreted by expert of respective specialty

* Cerebral angiogram
* Nuclear medicine cerebral blood flow study
* EEG – order “EEG (Electroencephalographic Silence)”
* Transcranial Doppler
1. **Declaration**:
* Time of death (MM/DD/YY) \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_ AM/PM

\*\*(Time of death is when second ABG complete or when ancillary study officially read)

* Inform family and contact organ procurement organization

Name of physician and signature

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Name of Supervising Attending Physician (if exam performed by Resident):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_