

# Brain Death Assessment

Patient Label

Date \_\_\_\_\_ Time started \_\_\_\_\_

Pertinent history \_\_\_\_\_

Primary physician \_\_\_\_\_

Other physicians involved \_\_\_\_\_

Diagnostic studies \_\_\_\_\_

Sedation (type, dose, time administered, stopped) \_\_\_\_\_

Paralytics (type, dose, time administered, stopped) \_\_\_\_\_

## **Step 1: Clinical Assessment of Brain Death**

- a. Response to voice stimulus                      Yes    No
- b. Response to pain stimulus                      Yes    No
- c. Pupils respond to light                        Yes    No    cannot perform
- d. Corneal reflex                                    Yes    No    cannot perform
- e. Oculovestibular reflex:                      Normal    Abnormal    cannot perform
- f. Gag reflex                                        Yes    No
- g. Cough reflex                                    Yes    No
- h. Atropine test (optional)                      <10% HR increase    >10% HR increase

## **Step 2: Apnea Test**

- i. Start time \_\_\_\_\_
- ii. Initial ABG: PaO2 \_\_\_\_\_ pH \_\_\_\_\_ PaCO2 \_\_\_\_\_
- iii. Initial Vital Signs: BP \_\_\_\_\_ HR \_\_\_\_\_ CVP \_\_\_\_\_ SaO2 \_\_\_\_\_
- iv. Final ABG: PaO2 \_\_\_\_\_ pH \_\_\_\_\_ PaCO2 \_\_\_\_\_
- v. Physician present \_\_\_\_\_
- vi. Conclusion: Apnea Test Positive (no spontaneous breathing) or Apnea Test Negative (spontaneous breathing, or PaCO2<60)
- j. Finish time \_\_\_\_\_

## **Step 3: Confirmatory Test (if needed)**

- k. Nuclear Medicine Brain Flow Study time started \_\_\_\_\_
- l. results:     No brain flow                       Some or normal brain flow
- m. Any other confirmatory tests: \_\_\_\_\_

## **Step 4: Conclusion**

- n.  Pt is declared brain dead     Pt is not brain dead
- o. Family informed when/by whom \_\_\_\_\_
- p. CORE called when/by whom \_\_\_\_\_
- q. Spiritual services called & participated \_\_\_\_\_
- r. Physician \_\_\_\_\_ Bedside nurse \_\_\_\_\_

**\*Look for and complete this note in Merlin.**