

PATIENT NAME: _____

MEDICAL RECORD NUMBER: _____

ACCOUNT NUMBER: _____

DATE OF SERVICE: _____

Prerequisite	Present
Evidence of acute CNS catastrophe compatible with brain death	
Exclusions:	Absent
1. Exclude the presence of a CNS-depressant drug effect by history, drug screen, calculation of clearance using 5 times the drug's half-life (assuming normal hepatic and renal function), or, if available, drug plasma levels below the therapeutic range.	
2. Recent administration or continued presence of neuromuscular blocking agent	
Cautions: Consider ancillary testing in the presence of findings that may confound clinical exam such as: <ul style="list-style-type: none"> • Severe electrolyte imbalances • Acid-base and/or endocrine disturbances • Medical conditions such as severe facial trauma, preexisting pupillary abnormalities, pulmonary disease resulting in CO₂ retention 	

Clinical Exam <i>Do not proceed with Apnea test if any 1—6 in Clinical Exam PRESENT</i>	Absent
1. Cerebral motor response to pain in extremities, e.g., nail-bed pressure; supraorbital pressure	
2. Pupillary response to bright light	
3. Ocular Movement; e.g. Oculocephalic Reflex –Doll's Eyes; Oculovestibular Reflex – Deviation of eyes to cold water irrigation in each ear	
4. Facial sensation, corneal reflex, e.g. corneal reflex to touch with swab	
5. Motor response to noxious stimuli; e.g. grimacing to deep pressure on nail bed	
6. Pharyngeal and tracheal response: e.g. Gag Reflex- Response to stimulation of posterior pharynx; cough to suctioning	

Apnea Exam Pre Conditions, Guidance for Testing	Verified
1. Normotensive (may require vasopressors, MAP greater than or equal to 60-65)	
2. Normothermic: (core temp greater than or equal to 36° C)	
3. Normal pCO ₂ (35 – 45 mmHg) or at patients documented pCO ₂ baseline	
4. pO ₂ greater than or equal to 200 mm Hg or ability to pre oxygenate to 200 mmHg	
Apnea Exam:	Completed
1. Increase FiO ₂ to 100% and PEEP of 5 mmHg	
2. Draw baseline ABG	
3. Disconnect patient ventilator	
4. Provide O ₂ via cannula at level of carina at 6 L/min (or T-piece with CPAP at 10 cm H ₂ O)	
5. Observe closely for respiratory movements for approx. 8–10 minutes	
6. Repeat ABG at approx 8-10 min	
7. Reconnect ventilator	

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Apnea Test Results						
If pCO ₂ is greater than or equal to 60 mmHg OR pCO ₂ increase is greater than or equal to 20 mmHg over baseline normal pCO ₂ WITHOUT respiratory movement noted – patient is apneic and apnea testing is consistent with diagnosis of Brain Death. If respiratory movements are observed, the apnea test result does not support the clinical diagnosis of brain death.						
Test 1—Adult	pH	pO2	pCO2	BP	SpO2	Apnea Time
Baseline Blood Gas						
Apneic Blood Gas						

Ancillary Testing		Verified
Cerebral Angiography	Flow absent in all major intracranial vessels consistent with death	
CBF Isotopic Scan	Cerebral perfusion is absent in cortex and brain stem, consistent with death.	
Other		

PHYSICIAN COMPLETING ABOVE DOCUMENTATION:

I have examined the patient, together with the medical record and laboratory results and was present and observed the apnea test if performed. I declare that the patient is dead on the basis of this evaluation.

Signed: _____ Date: ___/___/___ Time: _____ hours

Print: _____/Corp. ID: _____

BRAIN DEATH DECLARATION

Attestation: Physician 2

I have examined the patient _____ together with the medical record and laboratory results. This included conducting or reviewing the results of the apnea test and or/any ancillary tests. The patient is declared dead on the basis of this evaluation.

Signed: _____ Date: ___/___/___ Time: _____ hours

Print: _____/Corp. ID: _____

This form is a composite drawn from a number of sources, reflecting best practice – and amended in the context of the 2010 AAN Adult and 2011 SPA/SCCM Pediatric guidelines.