

BRAIN DEATH AND ORGAN DONATION

Brain Death Assessment

Prerequisites: No acid/base disturbances, no hypotension, core temp > 35, no sedatives, analgesics, neuromuscular blockers or anticonvulsant agents interfering with exam, > 24 hrs post CPR or severe brain injury

Neuro Examination:

Nurses/staff report absence of pt responses

Absence of response to noxious stimuli

Comatose

Pupils unreactive to light

Ocular movements absent

Corneal reflexes absent

Pharyngeal reflexes absent

Tracheal reflexes absent

Spontaneous breathing absent (Apnea test)

Two exams including apnea test are required separated by an observation period performed by different physicians

- *24 hrs for neonates 37 wks to term infants \leq 30 days of age
- *12 hrs for infants and children > 30 days to 18 yrs

Ancillary studies

Done at the discretion of physician if 1) components of clinical exam cannot be performed or 2) if intervals between exams need to be shortened due to pt instability

Radionuclide brain scan is preferred ancillary test.

EEG is used if radionuclide brain scan is not available

UIHC ORGAN DONATION PROTOCOL

GCS \leq 4 and no pupil response to light OR
Withdrawal of care being considered



Page Family Support Person (FSP)
341-1150



FSP + Physician + RN
Develop family communication plan



Explain grave prognosis to family



Clinical suspicion of brain death : order
confirmatory test; explain brain death testing



Call Iowa Donor Network: Suitability screen



Confirm brain death and inform family of death



Ensure family understands and
acknowledges death

IOWA DONOR NETWORK
TAKES OVER PT CARE

Other considerations for withdrawal of care

Chaplain/pastor support

Bereavement carts

Notifying other care providers of pt status