

TABLE 1. Checklist for Determination of Brain Death

Prerequisites (all must be checked)

- Coma, irreversible, and cause known
- Neuroimaging explains coma
- CNS-depressant drug effect absent (if indicated, toxicology screen; if barbiturates given, serum level < 10 µg/mL)
- No evidence of residual paralytics (electrical stimulation if paralytics used)
- Absence of severe acid-base, electrolyte, and endocrine abnormality
- Normothermia or mild hypothermia (core temperature, > 36°C)
- Systolic blood pressure > 100 mm Hg
- No spontaneous respirations

Examination (all must be checked)

- Pupils nonreactive to bright light
- Corneal reflex absent
- Oculocephalic reflex absent (tested only if cervical spine integrity ensured)
- Oculovestibular reflex absent
- No facial movement to noxious stimuli at supraorbital nerve, temporomandibular joint
- Gag reflex absent
- Cough reflex absent to tracheal suctioning
- Absence of motor response to noxious stimuli in all four limbs (spinally mediated reflexes are permissible)

Apnea testing (all must be checked)

- Patient is hemodynamically stable
- Ventilator adjusted to provide normocarbica (Paco₂, 34–45 mm Hg)
- Patient preoxygenated with 100% Fio₂ for > 10 min to Pao₂ > 200 mm Hg
- Patient well-oxygenated with a positive end-expiratory pressure of 5 cm H₂O
- Provide oxygen via a suction catheter to the level of the carina at 6 L/min or attach T-piece with continuous positive airway pressure at 10 cm H₂O
- Disconnect ventilator
- Spontaneous respirations absent
- Arterial blood gas drawn at 8–10 min, patient reconnected to ventilator
- Pco₂ > 60 or 20 mm Hg rise from normal baseline value

OR

Apnea test aborted

Ancillary testing (only 1 test needs to be performed; to be ordered only if clinical examination cannot be fully performed due to patient factors or if apnea testing inconclusive or aborted)

- Cerebral angiogram (insufficient evidence to recommend use of CT or MRI angiography)
- Hexylmethylpropylene amineoxine single-photon emission CT
- Electroencephalography
- Transcranial Doppler ultrasonography

Time of death (MM/DD/YY) _____

Name of physician and signature _____

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