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 ≤ 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 ≤ 4 and no pupil response to light OR Withdrawal of care being considered
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Page Family Support Person (FSP) 341-1150
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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