



PHYSICIAN'S ORDER SHEET

**STANDING ORDERS FOR:
 BRAIN DEATH
 & CRITERIA FOR BRAIN DEATH**

Check here if STAT
 medications ordered

ANOTHER BRAND OF GENERALLY EQUIVALENT PRODUCT, APPROVED BY THE PHARMACY AND THERAPEUTICS COMMITTEE, MAY BE ADMINISTERED UNLESS (SPECIFIC) IS WRITTEN AFTER THE MEDICATION ORDER.

Oklahoma Law: Title 63, Section 3122

An individual who has sustained either: 1) Irreversible cessation of circulatory and respiratory functions, or 2) Irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards; provided however all reasonable attempts to restore spontaneous circulatory or respiratory functions shall first be made, prior to such declaration.

Guidelines for Certification of Brain Death

The diagnosis of brain death is a clinical diagnosis. Confirmation by EEG or cerebral blood flow determination can shorten the interval of observation required for brain death determination. **These procedures are not required for the determination of brain death.**

1. Assure that all CNS depressing drugs and muscle relaxants have been discontinued for the last 12 hours.

2. Rectal Temp. is less than 35 degrees C Yes No
 (May utilize bairhugger to maintain temp greater than 35 degrees C)

3. Spontaneous movement or movement to pain . . . Yes No

4. Spontaneous respirations Yes No

5. Brainstem reflexes Yes No
 (e.g., corneal, pupillary, eye movement, gag, caloric, etc.)

If answers to all questions 2 through 5 are NO, then proceed.

If answers to any of the above are yes, then brain death cannot be diagnosed.

6. Perform apnea test.

a. Pre-oxygenate with 100% oxygen for 10 minutes.

b. Change to T-Tube with FiO2 100%. Additionally a small catheter delivering 6 liters of flow at the level of the carina may be helpful to maintain oxygenation.

c. Observe for any spontaneous respirations for 10 minutes.

d. Draw ABG's at end of test and ensure that the pCO2 is greater than 60 mm Hg (or 20mm Hg > baseline).

e. Resume ventilation at end of 10 minutes after ABG's drawn. If respiratory effort occurs, or if patient develops cardiovascular instability (hypotension, bradycardia, arrhythmias), or if hypoxemia with O2 Sat. < 85% occurs, return the patient to the ventilator. **Notify physician of results.**

(NOTE: There are alternative apnea test protocols.)

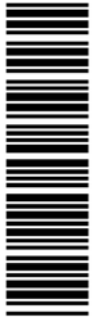
The following are optional but not mandatory

7. Brain Blood Flow to be read by _____
 (Notify physician when study is complete.)

8. Cerebral angiogram

9. EEG

**Once brain death has been declared,
 a trained designated requestor for organ donation may approach the family.**



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