

Title: Brain Death Declaration	
Number 5981, Version 2	Original Date: Not Set
Effective Date: 02/07/2022	Last Review/Revision Date: 02/07/2022
Next Review Date: 02/07/2025	Author: Brooke Wagner, Douglas Franz
Approved by: Critical Care Clinical Consensus Group, I	Neuroscience Clinical Consensus Group, PolicyTech
Administrators 02/07/2022	
Discrete Operating Unit/Facility	
Banner Baywood Medical Center	
Banner Behavioral Health Hospital	
Banner Boswell Medical Center	
Banner Casa Grande Medical Center	
Banner Churchill Community Hospital	
Banner Del E Webb Medical Center	
Banner Desert Medical Center	
Banner Estrella Medical Center	
Banner Fort Collins Medical Center	
Banner Gateway Medical Center	
Banner Goldfield Medical Center	
Banner Heart Hospital	
Banner Ironwood Medical Center	
Banner Lassen Medical Center	
Banner Ocotillo Medical Center	
Banner Payson Medical Center	
Banner Thunderbird Medical Center	
BannerUniversity Medical Center Phoenix	
BannerUniversity Medical Center South	
BannerUniversity Medical Center Tucson	
East Morgan County Hospital	
McKee Medical Center	
North Colorado Medical Center	
Ogallala Community Hospital	
Page Hospital	
Platte County Memorial Hospital	
Sterling Regional Medical Center	
Torrington Community Hospital	
Washakie Medical Center	
Wyoming Medical Center	

Introduction

Purpose / Population	1. Purpose:
ropulation	• To define a process to determine and declare brain death.
	2. Population:
	Adult patients
Definitions	Brain Death : the irreversible loss of all functions of the entire brain including the brainstem as determined by the demonstration of complete loss of consciousness (coma), brainstem reflexes, and the independent capacity for ventilator drive (apnea), in the absence of any factors that imply possible reversibility.
	Death : Irreversible cessation of circulatory and respiratory functions and of all functions of the entire brain, including the brainstem.
Policy	
Policy Statements	 Brain death should be determined by a Neurologist, Neurosurgeon, or critical care specialist/trauma surgeon with adequate specific experience and knowledge. It is recommended that physicians have completed either a BD/DNC simulation or an online certification by the Neurocritical Care Society. All clinicians performing these evaluations (should) be attending physicians. Integration of trainees and advanced practice providers is determined by the appropriate department (Neurology, Neurosurgery, Critical Care, Trauma), with attending physician oversight.
	2. In cases where two examinations are required by law, a qualified Physician conducting the initial exam may not conduct the second exam. The second evaluation must be performed by another qualified Physician. There is no physiological reason to require an observation period between these 2 evaluations.
	3. Declaration of Brain Death may not be made by a physician involved with care of a transplant recipient.
	4. Brain Death confirmation requires:
	 A bedside physical examination demonstrating absence of all the brainstem reflexes, coma or unresponsiveness to noxious stimuli including no purposeful or reflexic motor responses derived from brain function

 AND a lack of spontaneous breathing (via apnea testing); OR in clinical contexts where apnea testing is not safe or feasible, confirmatory diagnostic studies are indicated to determine Brain Death

Continued on next page

Policy, Continued

Procedural1. Adult Brain Death Evaluation / Declaration NoteDocumentation

2. Record of Death

Other Information

References Araullo, MLC., Frank JL., Goldenberg, FD., Rosengart, AJ. Transient bilateral finger tremor after brain death. Neurology. 2007; 68:E22

Frontera, J. Brain Death & Organ Donation. In: Decision Making in Neurocritical Care. New York, New York: Thieme Medical Publishers, Inc., 2009.

Greer, DM., Shemie, SD., Lewis, A., et al. Determination of brain death/death by neurologic criteria: The world brain death project. JAMA. 2020; 342:1078-1097.

Guidelines for the determination of brain death: report of the medical consultants on the diagnosis of death to the President's commission for the study of ethical problems in medicine and biochemical and behavioral research. JAMA .1981; 246:2184-2186.

Lewis, A., Bernat, JL, Blosser, S, et al. An interdisciplinary response to contemporary concerns about brain death determination. Neurology. 2018; 90: 423-426.

Lustbader D., O'Hara, D., Wijdicks, EFM., et al. Second brain death examination may negatively affect organ donation. Neurology. 2011; 76:119-124.

Mittal, MK., Arteaga, GM., Wijdicks, EFM. Thumbs up sign in brain death. Neurocritical Care. 2012. 265–267.

Wijdicks, EFM. Determining brain death in adults. Neurology. 1995; 45:1003-1011.

Wijdicks, EFM., Varelas, PN., Gronseth, GS., Greer, DM. Evidence-based guideline update: Determining brain death in adults. Neurology. 2010; 74:1911-1918.

Zubkov, AY., Wijdicks. Plantar flexion and flexion synergy in brain death. Neurology. 2008; 70:e74

Continued on next page

Other Information, Continued

Other related policies / procedures	 Anatomic Organ Donations: Organ, Tissue, and Eye Procurement, #588 <u>Consent Policy</u>, #1329 <u>Donation after Cardiac Death</u>, #625 Health Care Directives Pronouncement of Death
Keywords and keyword phrases	 Apnea Apnea Test Brain Brain Death Critical care Death ICU Neurology 1.