---NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
GENERATIONS+/NORTHERN MANHATTAN HEALTH NETWORK
ADMINSTRATIVE POLICY AND PROCEDURE MANUAL

☒ **Lincoln Medical and Mental Health Center** ☒ **Harlem Hospital Center**
☒ **Morrisania Diagnostic & Treatment Center** ☒ **Segundo Ruiz Belvis Diagnostic & Treatment Center** ☒ **Renaissance Diagnostic & Treatment Center**

Subject:	**Section:**	**Page**	**Of**
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BRAIN DEATH	**Supersedes:** **2/01**	**Effective:** **11/08**	
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PURPOSE:

To describe the guidelines, procedure, and documentation requirements for:

- Initiation of a brain death evaluation,
- Determination of brain death,
- Declaration of death based on brain death,
- Removal of medical support, and
- Cases that present special considerations such as pregnant patients, young children, or objections to a declaration of death by the surrogate decision-maker.

POLICY:

- Brain death shall be determined according to generally accepted medical practice.
- Surrogate decision-maker shall be notified when brain death evaluation is being performed and again when a determination of death is made.
- Reasonable accommodation shall be made for religious or moral objections by the surrogate decision-maker to a brain death determination.
- Organ donation shall be considered in all cases.
- Compliance with applicable laws and regulations is required.
- Patient and family shall be treated with sensitivity and respect.

DEFINITIONS:

- Brain death: the irreversible loss of all brain functions.
- Brain death evaluation: the process of determining that a patient is brain dead, including performance and interpretation of ancillary tests needed for that determination.
- Surrogate decision-maker: the agent named in the patient's health care proxy or the available next-of-kin if there is no health care proxy.

GUIDELINES:

A. Brain death evaluation is initiated when a patient:

   1. is unresponsive,
   2. has unreactive pupils, and
   3. requires a ventilator.

B. Surrogate decision-maker is notified (or, reasonable attempts are made to notify the surrogate decision-maker) that a brain death evaluation is being performed.

1. Surrogate decision-maker notification should occur early in the brain death evaluation process.

2. If notification of the surrogate decision-maker is unsuccessful or if a surrogate decision-maker cannot be identified, assistance of hospital administration should be obtained.

3. Brain death evaluation does not require surrogate decision-maker consent or permission.

C. New York Organ Donor Network (NYODN, 1-800-GIFT-4-NY) is notified that a brain death evaluation is being performed.

1. NYODN determines if the patient would be a medically suitable organ donor.

D. Brain death evaluation is performed under the direction of a physician who is privileged to make that evaluation.

1. The hospital has a privileging mechanism to identify physicians who are competent to perform brain death evaluations. For specialists in neurology, neurosurgery, critical care medicine, and critical care surgery, determination of brain death and performance of apnea tests for brain death are included as core privileges.

2. The physician performing the brain death evaluation must not be a member of the organ transplant team.

3. Brain death evaluation is performed according to guidelines published by the New York State Department of Health (Attachment A).

a. If a certain period of time has passed since the onset of the brain insult to exclude the possibility of recovery (in practice, usually several hours), 1 neurologic examination and apnea test should be sufficient to pronounce brain death.

4. If the patient is an infant or child, additional considerations may apply (Attachment A, Appendix 1).

5. The time of death is recorded as the time brain death is determined.

E. Surrogate decision-maker is notified (or, reasonable attempts are made to notify the surrogate decision-maker) of the determination of death before medical support is removed.

1. Risk-management shall be informed if there is a surrogate decision-maker objection to a brain death determination or to the removal of medical support.

a. The determination of death must still be made and documented.

2. If there is surrogate decision-maker objection to a brain death determination on a religious or moral basis, reasonable efforts to accommodate the objection shall be undertaken until either the objection is withdrawn or cardiac arrest occurs.

a. Reasonable accommodation after the determination of death includes the continued provision of ventilator support and routine nursing care up to 72 hours. Indefinite treatment after the determination of death is not required.

b. Reasonable accommodation after the determination of death does not require performance of any diagnostic or therapeutic procedures, including (but not limited to): blood tests, radiologic tests, physiologic monitoring, administration of medications for any purpose, nutrition or hydration support, cardio-pulmonary resuscitation (notwithstanding absence of a DNR order), or treatment in a critical care unit.

3. If the patient is pregnant, medical support shall be removed only after consultation with Risk Management.

F. Consent for organ donation is sought if a brain dead patient is a medically acceptable organ donor.

1. Consent for organ donation can be given by:

   a. the patient (by prior enrollment in an organ donor consent registry),

   b. the surrogate decision-maker, or

   c. the Executive Director of the hospital (or designee).

2. Surrogate decision-maker consent for organ donation is requested by a designated requestor.

   a. Consent is requested only after the surrogate decision-maker has been informed of the patient's death.

   b. A list of designated requestors is maintained by the Administrator on Duty and by NYODN.

3. A second attending physician must concur in the time of death before organ recovery can proceed.

4. Medical support shall not be removed until:

   a. organ recovery has been completed, or

   b. the patient is no longer being considered as an organ donor.

PROCEDURE:

RESPONSIBLE STAFF	ACTION TO BE PERFORMED
► The patient's attending physician.	1. Initiates the brain death evaluation.
► If the patient's attending physician is not privileged in the determination of brain death: a consulting physician who is privileged in the determination of brain death.	2. Notifies the surrogate decision-maker of the initiation of a brain death evaluation and keeps that person notified of the patient's status.
	3. Obtains assistance of hospital administration if notification of the surrogate decision-maker is unsuccessful or if a surrogate decision-maker cannot be identified.
► If the patient is an organ donor: a second attending physician to confirm the time of death. The second attending physician need not have privileges in determination of brain death.	4. Verifies that NYODN (1-800-GIFT-4-NY) has been notified of the brain death evaluation. Notification of NYODN can be performed by any member of the care team.
	5. Utilizes guidelines published by the NYS Department of Health (Attachment A) and writes a declaration of death note in the medical record. The determination of brain death must be performed by a physician who is privileged to make that determination.
	6. Notifies the surrogate decision-maker of the declaration of death.
	7. Notifies the Risk Manager if there is objection by the surrogate decision-maker to the declaration of death or the removal of medical support.
	8. Functions as clinical liaison with the Transplant Coordinator to obtain donor consent and maintain optimal donor management
	9. Consults with a second attending physician to confirm the time of death only if organ donation is to be performed.
	10. Removes medical support if the patient is not a potential organ donor.
	11. Ensures that emotional and pastoral support is provided to the family.

DOCUMENTATION REQUIREMENTS

1. Report of examination demonstrating absent brain functions, with date and time. Optionally, a checklist (Attachment A, Appendix 3) can be used for this purpose.
2. Reports of any laboratory or radiology tests that were required to determine brain death.
3. Justification for deviation, if any, from the recommended procedure for determination of brain death.
4. Report of notification of the surrogate decision-maker of the brain death evaluation and the determination of death.

5. If identification or notification of the surrogate decision-maker was unsuccessful, report of what attempts were made.

6. Any objections by surrogate decision-maker to the determination of death.

7. Documentation of the request for organ donation (or reason why request was not made).

8. Declaration of death, with date and time, by a licensed physician.

9. Cause of death, if known.

10. In case of organ donation, concurrence in the time of death by a second attending physician.

11. Date/time medical support was removed and the name/title of the physician who authorized it.

REFERENCES:

- Evidence-based guideline update: Determining brain death in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2010; 74:1911-1918.
- Guidelines for Determination of brain Death in Children, Neurology 1987; 37:1077 - 1078
- 10NYCRR, Section 400.16, Determination Death.
- 10NYCRR, Section 400.25, Organ and Tissue Donation (Anatomical Gifts).
- Hospital Accreditation Standards and Joint Commission Official Handbook

ATTACHMENT:

A. Guidelines for Determining Brain Death. New York State Department of Health and New York State Task Force on Life & the Law, November, 2011.

Date	Revision Required		Responsible staff Name and Title
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2/04	Yes: X	No:	Sara Shahim, Senior Associate Executive Director, Network Regulatory Affairs
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2/08	Yes:	No: X	Denise Bertrand, Senior Associate Director, Regulatory Affairs
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