



MEDICAL STAFF POLICY AND PROCEDURE

Title: Determination of Brain Death

Approved by: University Hospital Medical Staff
Administration Committee on February 13, 2008

The Arthur G. James Cancer Hospital and
Richard J. Solove Research Institute Medical
Staff Administration Committee on March 14,
2008

POLICY

The determination of brain death shall be made in accordance with standard medical practice and state law for all affected patients, following the procedure outlined below.

PROCEDURE

- I. The determination of brain death may ONLY be made by an attending physician who is a Neurologist, Neurosurgeon, or Critical Care specialist, and who is also credentialed by the institution to declare brain death.**

- II. Patients who meet the following preliminary criteria must be evaluated:**
 - A. Apparent coma
 - B. Lack of brain stem reflexes
 - C. Not over-breathing the ventilator

- III. The diagnostic criteria for the clinical determination of brain death must follow the OSUWMC Guideline for "[Establishing the Diagnosis of Brain Death in Adults](#)".**

- IV. All phases of the determination of brain death should be documented in IHIS. There is a "Brain Death Exam Flowsheet" and "Brain Death Documentation" Note Type to assist with documentation. Documentation must be completed in a timely manner prior to organ procurement and/or discontinuation of physiological support and must include:**
 - A. Etiology and irreversibility of condition;
 - B. Clinical neurologic examination findings with criteria as defined in the Brain Death Guideline, including results of individual brainstem reflex evaluations, with date and time of exam;
 - C. In cases where confirmatory testing is used, the reason for the necessity of the confirmatory test as well as the result of the test;

D. Certification of brain death by an appropriate Attending Physician as defined above.

V. Once determination of brain death has been appropriately performed and documented, the patient will receive physiologic support as follows:

- A. With the exception of cardiac arrest, a brain dead patient who may be a candidate for organ procurement or whose organ donor status has not yet been determined, reasonable efforts to maintain physiologic support must be continued until the organ procurement screening process is complete;
- B. If the patient is not a candidate for organ procurement, as determined by the Organ Procurement Organization, removal of physiologic support should occur expeditiously after compassionate and clear discussion with the family, allowing time for family bereavement. If the family cannot be located in a reasonable amount of time, physiologic support should be discontinued. No additional resuscitative measures should be undertaken while awaiting family member arrival. If the family cannot be located, efforts to contact the family or next-of-kin must be documented in the medical record.

REFERENCE

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

REVISION HISTORY:

Date Revised	Reason for Change	Revised By
Initial Approval by UH MSAC 2.13.2008		
5.11.11	Align with national standards	Dr. Greene-Chandos
8.14.13	Match up language with EMR	Ethics Committee/MSAC