AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY

Hospital: ____________________________________

Affix patient label here

Known cause of irreversible loss of brain function

There is acute brain pathology consistent with the irreversible loss of brain function.

Doctor A: *Specify condition* ____

Doctor B: *Specify condition* ____

Period of continuous observation of apparent loss of neurological function

For determination of brain death by clinical examination there has been at least a 4 hour period of observation (24 hours for hypoxic-ischaemic encephalopathy) and mechanical ventilation during which the patient has unresponsive coma, with pupils non-reactive to light, absent cough/tracheal reflex and no spontaneous breathing efforts.

This period began at (Date and time) ____

Determination of brain death by clinical examination

Preconditions	**Doctor A** Please √	**Doctor B** Please √
1. Hypothermia is not present – temperature is >35°C — Specify temperature:	______ºC	______ºC
2. Blood pressure is adequate (e.g. MAP>60 in an adult)	☐	☐
3. Sedative drug effects are excluded	☐	☐
4. There is no severe electrolyte, metabolic or endocrine disturbance	☐	☐
5. Neuromuscular function is intact	☐	☐
6. It is possible to examine the brain-stem reflexes (including at least one ear and one eye)	☐	☐
7. It is possible to perform apnoea testing	☐	☐

Clinical testing

	Doctor A	Doctor B
1. There is no motor response in the cranial nerve distribution to noxious stimulation of the face, trunk and four limbs **and** there is no response in the trunk or limbs to noxious stimulation within the cranial nerve distribution	☐	☐
2. There are no pupillary responses to light	☐	☐
3. There are no corneal reflexes	☐	☐
4. There is no gag (pharyngeal) reflex	☐	☐
5. There is no cough (tracheal) reflex	☐	☐
6. There are no vestibulo-ocular reflexes on ice-cold caloric testing	☐	☐
7. Breathing is absent (despite arterial PCO_2 > 60mmHg (8 kPa) and arterial pH < 7.30)	☐	☐
8. Specify PCO_2 in **mmHg** or **kPa** (*circle one*) and pH at end of apnoea	PCO_2______ pH ______	PCO_2______ pH ______

Determination of brain death when clinical examination cannot be done:

	Doctor A Please √	**Doctor B** Please √
1. There is no intracranial blood flow		
2. *(Delete one as appropriate)* This has been demonstrated by *either* **intra-arterial angiography** *or* **other suitably reliable method** (*Specify*) ______________________	☐	☐

We have determined, according to the above procedures, that this patient is brain dead:

Doctor A (Name): ______________________________ Doctor B (Name): ______________________________

Status: ______________________________ Status: ______________________________

Signature: ______________________________ Signature: ______________________________

Date and time of assessment: ____________________ Date and time of assessment: ____________________

Date and time of death (End of the assessment by second doctor) : ______________________

DETERMINATION OF BRAIN DEATH