



AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY

Affix patient label here

Hospital: _____

Determination of death by absence of vital signs in the context of Donation after Cardiac Death (DCD)

A. Intensive therapies (including endotracheal tube, ventilatory support, inotropic support) were withdrawn at _____ hrs (24-hour clock) on ____ / ____ / _____

B. I have determined by the absence of vital signs that death has occurred.

All of the following features were present:
(Please ✓):

- Immobility
- Apnoea
- Absent skin perfusion
- Absence of pulsatility on the arterial line of at least 2 minutes duration

C. Death occurred at _____ hrs (24-hour clock) on ____ / ____ / _____

Doctor (Printed name): _____

Status: _____

Signature: _____

DETERMINATION OF DEATH