

Brain Death Examination Form for Adults Age 18 and Older

Part 1. Notify WRTC prior to brain death examination or testing. WRTC notified? Yes

Part 2. Prerequisites

Irreversible and identifiable cause of coma: Traumatic Brain Injury Stroke Other:

	Examination	
	Date:	Time:
Systolic Blood Pressure > 90 mmHg	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Body Temperature >35°C (95°F)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Significant sedative/analgesic or drug effect excluded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Significant metabolic/electrolyte abnormalities excluded	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neuromuscular blockade excluded	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 3. Physical examination

Responsiveness/movement (excluding spinal reflexes)		
No responsiveness (deeply comatose)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Absent movement (no spontaneous movement, no response to painful stimuli, no posturing; spinal cord reflexes acceptable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of absent brainstem function		
Absent pupillary light reflex	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Absent corneal, gag, cough reflexes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Absent oculovestibular reflex	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Absent oculocephalic reflex (NA = not applicable)	<input type="checkbox"/> Yes/NA	<input type="checkbox"/> No

Part 4. Apnea Test

High spinal cord injury present? Yes No (If yes, do not perform apnea test. Ancillary test required.)
 Pretest PaCO₂: _____ mm Hg Posttest PaCO₂: _____ mm Hg Duration of test: _____ minutes
 Respiratory effort? Yes No
 Apnea test confirms apnea? Yes No

Part 5. Ancillary Testing (if necessary)

Ancillary tests (Cerebral Angiography or Radionuclide Imaging) -Required when minimum clinical criteria not met and full clinical examination unable to be performed (with exception for oculocephalic reflex).

Ancillary Testing performed? Yes No
 Absence of intracerebral blood flow demonstrated by:
 Cerebral angiography Radionuclide (nuclear) angiography

Part 6. Signatures

Physician: I certify that my examination is consistent with brain death. Ancillary exam pending.

Printed name: _____ Signature: _____ Date: _____ Time: _____