

Name of Policy: <u>Request for Determination of Death by Brain Criteria</u> Policy Number: 3364-100-45-02 Department: Hospital Administration Approving Officer: Chief Medical Officer Chief of Staff Responsible Agent: Interim Chief Nursing Officer Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: 05/01/2021 Initial Effective Date: January 14, 1981
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

To conform with Ohio law and applicable medical practice standards for determination of brain death.

(B) Purpose of Policy

To assure appropriateness of death by brain criteria.

(C) Procedure

1. To initiate a determination of death by brain criteria, the attending service must complete the attached Checklist. The Checklist titled *Determination of Death by Brain Criteria for Adults and Children 1 Year of Age and Older* is attached as Exhibit A.
2. Clinical Determination. The clinical determination required for determination of death by brain criteria will be completed according to the Checklist. This will include: Clinical and Laboratory Finding assessment, Neurological examination(s), apnea test and if needed ancillary testing. A second neurological exam must be done either by a different attending or secondary consulting service attending.
3. Ancillary Testing. If apnea test is inconclusive or aborted, ancillary testing needs to be completed. This may include SPECT, angiography or EEG. If patients are on CNS depressants and levels are in a therapeutic range, ancillary testing needs to be completed. This may include SPECT or Angiography. Results consistent with brain death:
 - a. SPECT or angiography show absent cerebral blood flow or
 - b. EEG shows electro-cerebral silence.
4. If the clinical criteria for brain death are met, and ancillary testing, if done, is consistent with brain death, a second neurological examination must be completed by either a different attending or a secondary consulting service attending.
5. When determination of death by brain criteria is made, the attending physician initiating the determination will sign the Checklist.
6. The attending physician will make a concluding note in patient's chart regarding the time of death of the patient. No declaration of death by brain criteria may be made in the patient's chart until the signature is made on the Checklist.
7. Upon the declaration of death and charting in the medial record, the patient will be declared dead and life support may be withdrawn. Upon declaration of death a Do Not Resuscitate Order is not necessary for the patient.

Approved by:	Review/Revision Date:
<u>/s/</u> <hr/> Richard Swaine Chief Executive Officer	1/10/82 9/14/94 7/2/84 9/11/96 2/19/87 7/14/99 5/19/90 7/10/02 5/8/91 8/10/05 10/13/93 8/1/2008
<u>/s/</u> <hr/> Andrew Casabianca, MD, DMD Chief of Staff	9/1/2011 10/1/12 3/1/2016 4/1/2020 5/1/2021
<i>Review/Revision Completed By:</i> HAS Institutional Ethics Chief of Staff	Next Review Date: 05/01/2024
Policies Superseded by This Policy: 7-45-02 - Request for Determination of Death by Brain Criteria	