



# EDUCATION CORNER

## BRAIN DEATH DECLARATION: A NURSING PERSPECTIVE

### Definition of Brain Death

- Harvard ad hoc group defined cerebral/brain death in 1968.
- Uniform Determination of Death Act (1980):

*“An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions or (2) irreversible cessation of all functions of the entire brain, including the brainstem, is dead. A determination of death must be made in accordance with accepted medical standards.”*

- Brain death is a final diagnosis. According to the American Academy of Neurology (AAN), no recovery of neurologic function has been reported in adults who received the clinical diagnosis of brain death following the 1995 AAN criteria.

### Conditions Mimicking Brain Death

It is important to follow the AAN guidelines for diagnosing brain death in order to rule out conditions that can mimic brain death. For example:

- Locked-in syndrome
- Guillain-Barre syndrome
- Drug intoxication
- Hypothermia - loss of brain stem reflexes and pupillary dilation at 28-32°C

### Brain Death Testing

The linked article from the AAN in the reference section outlines in detail evidence-based guidelines for determining brain death in adults. Included in the article is an appendix with a recommended brain death declaration checklist.

### Confirmatory Testing

Confirmatory tests are recommended when there is uncertainty or unreliability in the neurological examination or when the apnea test cannot be performed, according to the AAN. Confirmatory tests may include tests such as cerebral angiography, electroencephalography, transcranial doppler ultrasonography, and cerebral blood flow studies.

### Communicating with Families

Communication and support throughout the patients course of care is vitally important. Conveying this devastating diagnosis will be difficult unless a trusting relationship has been developed. The clinical team should always be aware of language that will confuse.

Once a patient has been declared brain dead, avoid conflicting language e.g.

*“Kept alive by the ventilator” or “life support” - the patient is not alive and life is not being maintained when a patient has been declared dead. Better language to use is that the “mechanical ventilator is breathing for him/her and that is why his/her chest is rising and falling and the mechanical breaths are keeping his/her heart beating.”*

### Documentation

Clear documentation of brain death testing and a clear commitment to the brain death diagnosis when clinically determined, is necessary for effective communication to the family and to minimize doubt to a third party.

Ensure all testing and documentation is in alignment with hospital policy and state law requirements, while also following the recommended guidelines by the AAN.



### References

Wijdicks E.F.M., et al. (2010). Evidence-based guideline update: Determining brain death in adults. *Neurology* 74: 1911-1918.

Additional references are listed on The Alliance blog posting:

[www.organdonationalliance.org/education-corner-brain-death-declaration/](http://www.organdonationalliance.org/education-corner-brain-death-declaration/)

More resources and a link to the Brain Death toolkit hosted on the AAN website can be located in the Organ Donation Toolbox “Neurological Determination of Death” section.

<http://organdonationalliance.org/organ-donation-toolbox-braindeath/>

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