PURPOSE:
To assure that Sunrise Hospital complies with the United States Determination of Death Act ([Nevada Revised Statutes] NRS 451.007)

Background
A. The United States Uniform Determination of Death Act (adopted in Nevada as NRS 451.007) specifies that irreversible cessation of clinical functions of the entire brain, including the brain stem, equals death in legal terms
   1. For legal and medical purposes, a person is dead if he has sustained an irreversible cessation of:
      a. Circulatory and respiratory functions; or
      b. All functions of his entire brain, including his brain stem
   2. A determination of death made under this section must be made in accordance with accepted medical standards
   3. This section may be cited as the Uniform Determination of Death Act and must be applied and construed to carry its general purpose which is to make uniform among the states which enact it the law regarding the determination of death.
      (Added to NRS by 1979, 226; A 1985, 130.5)

SCOPE:
Adult Housewide

DEFINITION:
A. Brain death is defined as irreversible cessation of clinical functions of the entire brain, including the brain stem
   1. A person who is determined to have sustained brain death is legally dead

POLICY:
A. The neurologic evaluation and diagnosis of a patient with brain death shall be made by a provider in possession of a valid Nevada medical license practicing in one of the following medical subspecialties:
   1. Neurology, Pulmonary Critical Care
   2. The date, time, clinical diagnosis, and supporting data must be clearly and legibly documented in the medical record
B. Criteria for diagnosis of brain death include known proximate cause of absence of brain function that is irreversible, coma or unresponsiveness, absence of brain stem reflexes and apnea
C. **Diagnosing Brain Death**
   1. Brain death is established with confirmatory testing
   2. Ancillary testing is not mandatory in patients but is recommended for patients in whom specific components of clinical evaluation cannot be reliably performed or evaluated:
      a. Severe facial trauma; pre-existing pupillary abnormalities; toxic levels of any sedatives, aminoglycoside, tricyclics, antiepileptics, anticholinergics, chemotherapeutics or neuromuscular blocking agent; shock; hypothermia

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3. Confirmatory testing should primarily include apnea testing
   a. If apnea test is unable to be performed then ancillary testing can include:
      i. Radionuclide brain flow scan, angiography, electroencephalogram (EEG), transcranial doppler ultrasonography, and somatosensory evoked potentials

4. Documentation, in the Medical Record, of the diagnosis of brain death should include:
   a. Reference to the etiology of coma sufficient to account for the loss of brain function and irreversibility of the condition;
   b. Absence of brain stem reflexes;
   c. Absence of purposeful motor response to pain;
   d. Absence of respiration with partial pressure carbon dioxide (PCO2) greater than (> 60 millimeters mercury (mmHg) or 20 mmHg above patients normal baseline and justification for confirmatory test
   e. See Lippincott’s Nursing Skills and Procedures at: http://procedures.lww.com/lnp/view.do?pId=2143477&hits=apnea,testing,test,tested&a=false&ad=false

5. If testing is ordered, the provider determining the results of the test will document the results in the progress notes
   a. If the clinical examination prohibits apnea testing, additional ancillary tests must be instituted, with specific documentation as to why apnea test was not completed

D. The attending provider shall attempt to reach family members after the clinical diagnosis are made
   1. At this time, the provider will explain that the patient is brain dead and all medical care/life support will cease once the confirmatory test results are received (if ordered)
   2. If family members cannot be reached, this will be documented in the chart

E. For potential organ/tissue donors, see specific donor policy/procedure
   1. Compassionate time for decision-making regarding potential organ/tissue donors is 24 hours, with additional time allotted on a case-by-case basis

F. After the diagnosis of brain death is made by a provider and organ donation has been addressed a provider may disconnect the ventilator and document in the provider progress notes
   1. With a provider order, the ventilator may be disconnected by a Registered Nurse (RN) or Respiratory Care Practitioner (RCP) and documented in the patient’s record.
   2. If family members cannot be reasonably reached, this must also be documented

G. For coroner cases, including trauma cases, permission from the coroner must be obtained before removal of intravenous (IV) lines, endotracheal tube (ETT) and other catheters

REFERENCES:


