

Correspondence

CHECKLIST FOR DIAGNOSIS OF BRAIN DEATH

To the Editor:

Although the revised Canadian guidelines for the determination of brain death were published in the *Journal*¹ and the Canadian Medical Association Journal,² their application in the intensive care units (ICUs) should not be taken for granted. Charts often leave doubt that the recommended tests have been performed, that they have been carried out properly and that all the criteria are satisfied.

For several months we have been using a checklist (see right) in the ICU of Victoria Hospital. The check list, which addresses all the essential aspects of the Canadian guidelines, is completed at the bedside and left on the patient's chart. A policy statement, which contains the details of the 1987 guidelines, is also kept in the ICU for reference when completing the checklist. This has been well received. A similar checklist has been developed in Britain.³

We strongly endorse the development of similar checklists for all ICUs in Canada; we encourage neurologists to take the initiative in developing these. Such a development will assure application of the Canadian guidelines and better documentation that they have been properly applied in the declaration of brain death for legal and transplant purposes.

Explanations:

1. TcpO₂ and TcpCO₂ refer to transcutaneous partial pressures of oxygen and carbon dioxide, respectively for those patients with transcutaneous measuring devices.
2. Physicians A and B are the two physicians who independently assess the patient. These individuals should not have a conflict of interest involving the decision to use organs for transplantation.

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1. Committee on Brain Death. Guidelines for the diagnosis of brain death. *Can J Neurol Sci* 1986; 13: 355-358 and 1987; 14: 653-656.
2. Committee on Brain Death. Guidelines for the diagnosis of brain death. *Can Med Assoc J* 1987; 136: 200A-200B.
3. O'Brien MD. Criteria for diagnosing brain stem death. *Br Med J* 1990; 310: 108-109.

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CHECKLIST FOR THE ESTABLISHMENT OF BRAIN DEATH

1. Etiology of coma _____
 Absence of (check each one): Sedation Shock Hypothermia Neuromuscular Paralysis
 Metabolic or Endocrine Disorders

2. Duration of coma to first assessment (number of hours): _____
 PHYSICIAN A _____ PHYSICIAN B _____

CLINICAL TEST (check each one)	FIRST ASSESSMENT		SECOND ASSESSMENT	
	PHYSICIAN A	PHYSICIAN B	PHYSICIAN A	PHYSICIAN B
3. No spontaneous movements	_____	_____	_____	_____
4. No movements in cranial nerve territory, either spontaneous or in response to stimuli	_____	_____	_____	_____
5. No seizures or decerebrate, decorticate or dyskinetic movements or posturing	_____	_____	_____	_____
6. Brainstem reflexes: - absent pupillary light reflexes (bilateral) - absent corneal reflexes (bilateral) - absent caloric response (bilateral) - absent pharyngeal reflex - absent cough with suctioning	_____	_____	_____	_____
7. Core body temperature _____ (should be >32.2°C)	_____	_____	_____	_____
8. Time between clinical assessments (number of hours): _____	_____	_____	_____	_____
9. Apnea Test (enter values)	_____	_____	_____	_____

First Test		Second Test	
INITIAL pH	END pH	INITIAL pH	END pH
PaCO ₂ _____	PaCO ₂ _____ (>60 mm Hg)	PaCO ₂ _____	PaCO ₂ _____
PaO ₂ _____	PaO ₂ _____	PaO ₂ _____	PaO ₂ _____
TcpO ₂ _____	TcpO ₂ _____	TcpO ₂ _____	TcpO ₂ _____
TcpCO ₂ _____	TcpCO ₂ _____	TcpCO ₂ _____	TcpCO ₂ _____
O ₂ Sat _____	O ₂ Sat _____	O ₂ Sat _____	O ₂ Sat _____
Time off ventilator (minutes): _____		Time off ventilator (minutes): _____	
Apneic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Apneic: <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Confirmatory test, if required. Specify test and result: _____

11. Physician A's statement _____

12. Physician B's statement _____

_____ M.D. _____ DATE AND TIME _____ M.D. _____ DATE AND TIME
 PHYSICIAN A'S SIGNATURE PHYSICIAN B'S SIGNATURE

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