

UF HEALTH SHANDS CORE POLICY AND PROCEDURE

POLICY NUMBER: CP02.011
CATEGORY: Patient Care

TITLE: Brain Death Determination

POLICY: The determination of brain death shall be made in accordance with currently accepted medical guidelines as outlined in CP02.011 by two credentialed physicians: the patient's Attending physician and a board-eligible or board-certified neurologist, neurosurgeon, pediatrician, internist, surgeon or anesthesiologist. The next-of-kin shall be notified as soon as practicable of the initiation of procedures to determine brain death.

PURPOSE: To establish guidelines for determining patient death when circulatory and respiratory functions are being maintained by artificial means of support, and for notification of next-of-kin.

APPROVED:

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DEFINITIONS:

- A. Attending Physician – Means the physician primarily responsible for the patient's care.
- B. Confirming Physician – Means a board-certified or board-eligible neurologist, neurosurgeon, internist, pediatrician, surgeon, or anesthesiologist.

CORE PROCEDURE:

I. Determination of Brain Death

- A. When circulatory and respiratory functions are being maintained by artificial means of support, the occurrence of death may be determined when there is irreversible cessation of the functioning of the entire brain, including the brain stem. There should be no doubt that the patient's condition is due to irremediable structural brain damage. The patient's diagnosis should be fully established and documented in the medical record.
- B. Determination of brain death shall be made in accordance with currently accepted medical guidelines and independently by two credentialed physicians, one of whom shall be the patient's Attending Physician, and the other of whom shall be the Confirming Physician.
- C. It shall be the responsibility of each individual physician making a brain death determination to ensure that the brain death determination is made in accordance with currently accepted medical guidelines.
- D. All tests involved in making a brain death determination shall be reviewed or interpreted by the patient's Attending Physician, the Confirming Physician, or a resident in the presence of either the patient's Attending Physician or the Confirming Physician.
- E. Promptly upon determination of brain death, and before termination of artificial support systems, formal pronouncement of death should be made and documented in the patient's medical record by both the patient's Attending Physician and the Confirming Physician.
- F. The Attending Physician or the Confirming Physician shall notify next-of-kin / designated health care surrogate or proxy of the patient as soon as is practicable of the procedures to determine brain death. The medical record shall reflect such notice; if such notice has not been given; the medical record shall reflect the attempts to identify and notify the next-of-kin / designated health care surrogate/proxy.

II. Documentation in Patient's Medical Record

- A. The patient's Attending Physician and the Confirming Physician shall both document in the patient's medical record:
 - 1. Details and comments, including the clinical exam and/or ancillary tests performed with the patient's response that indicate all criteria for declaration of brain death have been met, using the **Brain Death Examination Note Workflow** in Epic ([Appendix A](#)). (Data from the patient's medical record/flowsheet will populate the required elements following each categorical prompt.)

In the event access to Epic is not available (e.g., “downtime”), the patient’s Attending Physician and the Confirming Physician will use the paper version of “Brain Death Examination Form – Adult” or “Brain Death Examination Form – Pediatrics.” These forms should be restricted to downtime use only.

2. The pronouncement of death prior to discontinuation of artificial means of support;
3. The date and time of death;
4. The signatures of the patient’s Attending Physician and the Confirming Physician.

B. A member of the medical staff shall document in the patient’s medical record:

1. Notification of next-of-kin, or the attempts made to identify and notify the next-of-kin, if such notice has not been given. (For priority order of the next-of-kin, see CP01.013 – Death of a Patient).
2. That the routine referral for organ donation form has been completed for all patients, in keeping with state regulations. (See CP02.024 – Organ and Tissue Donations).

III. Termination of Artificial Support Systems

Only the patient’s Attending Physician or the Confirming Physician are authorized to order the termination of artificial support systems following a determination of brain death. At the discretion of the Attending Physician, and in consideration of the circumstances, removal of artificial support systems may be delayed for a reasonable period of time, usually not more than 24 hours after the Attending Physician and Confirming Physician make the diagnosis of death, to explain the diagnosis to the next of kin, allow for next of kin to come to the patient’s bedside, or similar matters.

IV. Questions or Objections

- A. If a patient’s family member or legal guardian has a question regarding the method for determining brain death, then either the patient’s Attending Physician or the Confirming Physician should explain the procedure for determination of brain death to the family member or legal guardian.
- B. If a patient’s family member or legal guardian raises an objection to a determination of brain death, then the patient’s Attending Physician, Confirming Physician, or the person to whom the objection is raised shall immediately contact Risk Management.

ASSOCIATED POLICIES:

CP01.013 – Death of a Patient
CP02.024 – Organ and Tissue Donations

ASSOCIATED DOWNTIME FORMS:

Brain Death Examination Form – Adult (Form PS45972)
Brain Death Examination Form – Pediatrics (Form PS45971)