1. **Etiologies consistent with a diagnosis of brain death include all EXCEPT:**
   a. Hepatic failure
   b. Chiari 1 malformation
   c. Closed head injury
   d. Cardiac arrhythmia
   e. Drowning

2. **Accepted techniques for testing the motor response to noxious stimulation in brain death examination include:**
   a. Bringing the hand towards the face as if to strike it (visual threat).
   b. Nail bed pressure
   c. Pulling the hair
   d. Shouting in the ear
   e. Insertion of an 18-guage needle into the supraorbital periosteum

3. **A patient may meet “whole brain” criteria for brain death with:**
   a. A spinal reflex response to noxious cutaneous stimulation
   b. A gag on stimulation of the oropharynx
   c. Extensor posturing
   d. A blink response to corneal stimulation
   e. All of the above

4. **Confirmatory tests for Brain Death might include:**
   a. Angiogram
   b. Radionuclide flow study
   c. Electroencephalogram
   d. Transcranial doppler
   e. All of the above

5. **The oculocephalic reflex is tested by:**
   a. Turning the patient’s head quickly from side to side
   b. Irrigating the tympanic membrane with ice water
   c. Pushing gently on the eyeball through the closed lid
   d. Shining a light in one eye and observing for constriction of the contralateral pupil
   e. Touching the cornea with a wisp of cotton
6. “Dolls eyes” found on testing of the oculocephalic reflex indicates absence of activity of the:
   a. Cerebral cortex
   b. Thalamus
   c. Midbrain
   d. Pons
   e. Medulla

7. **BOTH physicians signing a Brain Death Declaration of adults must:**
   a. Have a current California state medical license.
   b. Perform a neurologic examination
   c. Complete the LAC+USC Brain Death declarant competency process
   d. Be from Neurology or Neurosurgery
   e. A and C
   f. A, B, and C

8. **If a patient has a cardiopulmonary arrest 7 minutes into the apnea test (pCO2 on blood gas = 54 mmHg)**
   a. Do not resuscitate
   b. Resuscitate and document that the patient has failed the test
   c. Resuscitate and try the test again in 10 minutes and document that patient “failed” the test even though pCO2 only reaches 50mmHg
   d. Document that the patient was too unstable to perform the test and that a clinical brain death declaration is not possible at this time
   e. Never do another apnea test on this patient

9. **An unilateral afferent pupillary defect due to ocular injury**
   a. Should be documented in a Progress Note accompanying the Brain Death Declaration
   b. Precludes a clinical diagnosis of brain death
   c. Does not preclude a clinical diagnosis of brain death
   d. Will interfere with testing for “doll’s eyes” (oculocephalic reflex)
   e. A and C

10. **The interval between Brain Death Declarations of adults must be at least:**
    a. 0 hours
    b. 1 hour
    c. 2 hours
    d. 4 hours
    e. 6 hours

Questions regarding performance of the neurologic examination, confirmatory testing, or documentation for brain death can be directed to: Dr. Jeffrey Johnson (Chair of the Brain Death Committee) Department of Pediatrics, IRD 101 (323) 226-5721. Credentialing questions should be directed to: Attending Staff Office Jesús Ceja, CPCS, Director (323) 409-6225