

## Brain Death Declaration Competency Exam

I, Dr. \_\_\_\_\_ (print name) ID# \_\_\_\_\_

**testify that I have read the attached syllabus and agree to abide by the policies, rules and regulations of the LAC+USC Medical Center.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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-gauge 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

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6. ***“Dolls eyes” found on testing of the oculocephalic reflex indicates absence of activity of the:***
- Cerebral cortex
  - Thalamus
  - Midbrain
  - Pons
  - Medulla
7. ***BOTH physicians signing a Brain Death Declaration of adults must:***
- Have a current California state medical license.
  - Perform a neurologic examination
  - Complete the LAC+USC Brain Death declarant competency process
  - Be from Neurology or Neurosurgery
  - A and C
  - A, B, and C
8. ***If a patient has a cardiopulmonary arrest 7 minutes into the apnea test (pCO<sub>2</sub> on blood gas = 54 mmHg)***
- Do not resuscitate
  - Resuscitate and document that the patient has failed the test
  - Resuscitate and try the test again in 10 minutes and document that patient “failed” the test even though pCO<sub>2</sub> only reaches 50mmHg
  - Document that the patient was too unstable to perform the test and that a clinical brain death declaration is not possible at this time
  - Never do another apnea test on this patient
9. ***An unilateral afferent pupillary defect due to ocular injury***
- Should be documented in a Progress Note accompanying the Brain Death Declaration
  - Precludes a clinical diagnosis of brain death
  - Does not preclude a clinical diagnosis of brain death
  - Will interfere with testing for “doll’s eyes” (oculocephalic reflex)
  - A and C
10. ***The interval between Brain Death Declarations of adults must be at least:***
- 0 hours
  - 1 hour
  - 2 hours
  - 4 hours
  - 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