## **Results / Comments Brain Death Determination / Confirmation using Clinical Examination** Mechanism consistent with brain death No other cause of coma, exclude the following: Toxins / drugs (no contributory abnormalities) Metabolic parameters (no contributory abnormalities) Vital signs Temperature (> 35° C) Blood pressure normal for age **Neurological Examination** Response to verbal stimuli absent Pupils fixed Corneal reflex absent Oculocephalic reflex absent (test only if C-spine injury NOT suspected) Note: Omitting the oculcephalic test in the presence of c-spine injury is permitted as long as the oculovestibular reflex is tested and absent. Oculovestibular reflex absent Gag reflex absent Motor response to noxious stimulation absent Sucking/rooting reflexes absent (for infants) Apnea test (pCO2 ≥ 60 mmHg AND 20 mmHg above baseline) (Only one apnea test is required for 18 yrs and older if performed by an attending) I certify that I have performed a complete clinical exam according to hospital policy and that this patient is brain dead. I certify that I have performed a clinical examination as complete as circumstances permit. This will constitute an independent exam determining brain death only if confirmed by an objective test of cerebral blood flow or function. California licensed physician <sup>1</sup> (Signature) (Staff ID Number) (date) (time) **Brain Death Determination/Confirmation using Objective Tests** Check Test Used Below 4-vessel cerebral angiography Radionuclide cerebral blood flow study **EEG** Doppler/Ultrasound I certify that a diagnostic study was achieved. The result of this test meets objective criteria for brain death. California licensed physician <sup>1</sup> (Signature ) (Staff ID Number) (date) (time) <sup>1</sup> The dated and timed documentation of the independent confirmation of death IMPRINT I.D. CARD (NAME, MRUN CLINIC/WARD) will be the official pronouncement of death in the medical record.