

University of Maryland Medical Center

Brain Death Evaluation in Adults 18 Years of Age or Greater

Attachment B: Brain Death Evaluation for Adults

Patient Identification

Date: _____ Time: ____:____

Prerequisite: Core temperature > 36° C and Systolic blood pressure ≥ 100

Temperature: _____ Blood Pressure: _____

Cause of presumed brain death: _____

Do conditions exist to proceed with declaration of brain death (including absence of reversible causes)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:	
Absence of motor response to noxious stimuli above and below the neck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTA*	Comments:
Absence of pupillary response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTA*	Comments:
Absence of corneal response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTA*	Comments:
Absence of ocular movement with oculo-vestibular reflex ("cold calorics") or oculo-cephalic reflex test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTA*	Comments:
Absence of cough reflex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTA*	Comments:
Absence of gag reflex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTA*	Comments:
Absence of spontaneous respirations (apnea)? <input type="checkbox"/> Conventional apnea <input type="checkbox"/> Carbogen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> UTA*	Comments:
Pre-Test Requirements: pH = 7.32 to 7.45 and PaCO2 = 35 to 45	pre-test pH _____			
Post-Test Requirements: PaCO2 ≥ 20mmHg from pre-test PaCo2 or ≥ 60 mmHg	pre-test PaCO2 _____			
	post-test PaCO2 _____			

Attending, Examining Physician	Print Name: _____	Signature: _____
	Date: _____	Time: ____:____

Ancillary testing: indication? _____

Radionuclide cerebral blood flow Cerebral angiography EEG Other (specify)

Absence of flow or electrocerebral silence? Yes No

For Adults 18 or greater: After one complete clinical exam consistent with absence of brainstem functions or ancillary testing ONLY:
Patient pronounced at (time) ____:____ on (date) _____ by _____ M.D. /D.O.

REVIEWED/REVISED: 03/10, 08/11, 11/12, 06/18 *BDE*