Initial Supportive Care

- Dopamine 3-5 mcg/kg/min or phenylephrine 50-200 mcg/min, if systolic blood pressure less than 100 mm Hg
- Vasopressin 0.5-2.5 units/h, if urine output more 300 cc/h
- Use T4 10 mcg/h, if unstable bloodpressure
- Methylprednisolone 15 mg/kg and PEEP 5-8 cm H₂O, if poor oxygenation

$t^{1/2}$ Confounding Drugs

<table>
<thead>
<tr>
<th>Drug</th>
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<tbody>
<tr>
<td>Phenobarbital</td>
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<td>Diazepam</td>
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<td>Amitriptyline</td>
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<td>Primidone</td>
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<td>Lorazepam</td>
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<td>Thiopental</td>
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<td>Midazolam</td>
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<tr>
<td>Fentanyl</td>
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<td>Codeine</td>
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<tr>
<td>Vecuronium</td>
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<td>Rocuronium</td>
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<tr>
<td>Atracurium</td>
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</tbody>
</table>
25 Assessments to Declare a Patient Brain Dead

Prerequisites (ALL MUST BE CHECKED)
1. □ Coma, irreversible and cause known
2. □ Neuroimaging explains coma
3. □ Sedative drug effect absent (if indicated, order a toxicology screen)
4. □ No residual effect of paralytic drug (if indicated, use peripheral nerve stimulator)
5. □ Absence of severe acid-base, electrolyte, or endocrine abnormality
6. □ Normal or near normal temperature (Core temperature ≥ 36°C)
7. □ Systolic blood pressure > 100 mm Hg
8. □ No spontaneous respirations

Examination (ALL MUST BE CHECKED)
9. □ Pupils non-reactive to bright light
10. □ Corneal reflexes absent
11. □ Eyes immobile, oculocephalic reflexes absent (tested only if C-spine integrity ensured)
12. □ Oculovestibular reflexes absent
13. □ No facial movement to noxious stimuli at supraorbital nerve or temporomandibular joint or absent snout and rooting reflexes (neonates)
14. □ Gag reflex absent
15. □ Cough reflex absent to tracheal suctioning
16. □ No motor response to noxious stimuli in all 4 limbs (Spinally-mediated reflexes are permissible and triple flexion response is most common)

Apnea Testing (ALL MUST BE CHECKED)
17. □ Patient is hemodynamically stable (Systolic blood pressure ≥ 100 mm Hg)
18. □ Ventilator adjusted to normocapnia (Paco₂ 35-45 mm Hg)
19. □ Patient pre-oxygenated with 100% FiO₂ for 10 minutes (Pao₂ ≥ 200 mm Hg)
20. □ Patient maintains oxygenation with a PEEP of 5 cm H₂O
21. □ Disconnect ventilator
22. □ Provide oxygen via an insufflation catheter to the level of the carina at 6 liters/min or attach T-piece with CPAP valve @ 10 cm H₂O
23. □ Spontaneous respirations absent
24. □ Arterial blood gas drawn at 8-10 minutes, patient reconnected to ventilator
25. □ Paco₂ ≥ 60 mm Hg, or 20 mm Hg rise from normal baseline value or Apnea test aborted and ancillary test (EEG or cerebral blood flow study) confirmatory

Documentation
- Time of death (use time of blood gas result or time of ancillary test)

Brain Death Guideline Recommendations
- Newborn (≥ 37 weeks gestational age) to 30 days: 2 examinations, 2 separate physicians, 24 hours apart
- 30 days to 18 years: 2 examinations, 2 separate physicians, 12 hours apart
- ≥18 years: 1 examination (a second examination is needed in 8 U.S. states: AL, CA, CT, FL, IA, KY, LA, VA)