



**Jersey City Medical Center
Executive Administration**

Administrative Policy and Procedure

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Policy: Declaration of Death upon the Basis of Neurological Criteria (Brain Death)

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President & CEO		
Administrative Manual Distribution List		

Declaration of Death upon the Basis of Neurological Criteria (Brain Death)

POLICY:

It is the policy of Jersey City Medical Center to preserve and enhance human life and to ensure optimal medical care consistent with current accepted medical standards. However, conventional cardiac and respiratory criteria for death are not applicable for patients who have irreversibly lost all brain (including brain stem) function and are on mechanical support. Under these circumstances death is established, even though mechanical support systems maintain cardiac and respiratory function. The procedure listed in this policy for determining and declaring brain death shall be followed. Declaration of death upon the basis of neurological criteria cannot violate the patient’s personal religious beliefs.

This policy is based on “Declaration of Death upon the Basis of Neurological Criteria” adopted by NJ Board of Medical Examiners August 3, 1992, amended October 1999, and May 7, 2007. N.J.A.C. 13:35-6A provides that a patient may be pronounced dead if an authorized physician determines, in accordance with the criteria set forth in the rule, that brain death has occurred. The rule sets forth in detail the clinical findings (outlined on the attached checklist) that, if present, are indicative of brain death. Following the clinical examination, the examining physician must confirm the diagnosis of brain death with confirmatory testing or a second clinical examination. The rule further provides that when confirmatory testing is not available or is clinically precluded, the examining physician must repeat the clinical examination after an observation period as noted:

Age of Patient	Minimum number of hours between clinical examinations
Less than 2 months old	48 hours
Between 2 months and 12 months old	24 hours
Over 12 months old	6 hours

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GUIDELINES:

Apnea: The absence of respiration and a terminal PCO₂ greater than 60 mm HG or a terminal PCO₂ at least 20 mm HG over the initial normal baseline PCO₂.

Brain death: The irreversible cessation of all functions of the entire brain including the brainstem.

Examining Physician: A physician who performs a clinical brain death examination and meets the qualifying criteria set forth in N.J.A.C. 13:35-6A.3. The term “examining physician” may refer to one or more physicians involved in the clinical brain death examination.

Requirements for physicians authorized to declare death upon the basis of neurological criteria: A physician performing a clinical brain death examination shall be plenary licensed and shall hold the following qualifications, dependent on the age of the patient upon whom a declaration of brain death is to be made:

Age of Patient	Physician Qualifications
Less than 2 months old	Specialist in neonatology, pediatric neurology, or pediatric neurosurgery
Between 2 months and 12 months old	Specialist in pediatric critical care, pediatric neurology, or pediatric neurosurgery
Over 12 months old	Neurologist, neurosurgeon, critical care specialist, trauma surgeon; or any physician who has been granted privileges by the hospital to perform a brain death evaluation.

Standards for declaration of brain death: Declarations of brain death shall be made in accordance with accepted medical standards. A patient may be pronounced dead if a physician meeting the requirements set forth in N.J.A.C. 13:35-6A.3 determines in accordance with the criteria outlined in N.J.A.C. 13:35-6A.3, and summarized on the attached checklist, that brain death has occurred.

The examining physician who is to pronounce brain death shall determine a reasonable basis to suspect brain death. Brain death may be declared where the etiology of the insult or injury is sufficient to cause brain death and, in the judgment of the examining physician, is irreversible.

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The cause of coma must be established and sufficient to account for the loss of all brain function, reversible conditions such as drug sedation, metabolic disturbance, hypothermia ($\leq 92^{\circ}\text{F}$ in adults), neuromuscular blockade, and shock, must be searched for and appropriately treated. In cases of CNS depressants, if serum blood levels are not available, above the therapeutic range, unknown, or there is an overdose or toxic exposure of an unknown agent, a brain death evaluation may proceed without reliance on a clinical exam if, in the judgment of the examining physician, the injury or cause of coma is non-survivable. In such an event, an objective measure of intracranial circulation shall be used as a confirmatory test.

When a clinical examination of a patient shows the absence of all supraspinal and brain stem reflexes as established by the criteria above, the examining physician shall confirm the diagnosis of brain death with an objective confirmatory test measuring intracranial circulation such as an intracranial blood flow, four vessel cerebral angiography, radionuclide angiography, transcranial Doppler ultrasound, CT angiogram or MR angiogram.

PROCEDURE:

Completion of the Declaration of Death upon the basis of Neurological Criteria Checklist:

When, in the judgment of the examining physician, a clinical examination cannot be performed due to the nature of injuries, intoxication, patient instability, electrolyte imbalances or any other reason, a confirmatory test such as an intracranial blood flow, four vessel cerebral angiography, radionuclide angiography, transcranial Doppler ultrasound, CT angiogram or MR angiogram shall be substituted for the clinical examination.

In the event confirmatory testing is not available or is clinically precluded, the examining physician shall repeat the clinical examination after a period of observation, which period shall be not less than 48 hours for patients below the age of two months, not less than 24 hours for patients between the ages of two months to one year, and not less than 6 hours for patients greater than one year of age.

Organ Donation:

All impending brain dead patients are considered by the New Jersey Organ & Tissue Sharing Network (NJ Sharing Network) for organ donation. At first indication of imminent brain death and prior to the cessation of mechanical ventilation, the NJ Sharing Network shall be notified at 1-800-541-0075. All appropriate medical care shall continue until the NJ Sharing Network has been notified and has had the opportunity to determine the medical suitability of a potential candidate for donation.

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The family shall not be approached until medical suitability is determined by the NJ Sharing Network. NJ Sharing Network is the designated requestor for the hospital. A plan for offering the opportunity of making an anatomical gift is a collaborative approach (NJ Sharing Network staff and hospital staff who established rapport with the family).

Documentation:

The Declaration of Death upon the Basis of Neurological Criteria Checklist is to be completed and remain in the patient's medical record.

Exemption to accommodate personal religious beliefs:

Death shall not be declared on the basis of neurological criteria if the examining physician has reason to believe, on the basis of information in the patient's available medical records, or information provided by a member of the patient's family or any other person knowledgeable about the patient's personal religious beliefs, that such a declaration would violate the personal religious beliefs of the patient. In these cases, death shall be declared, and the time of death fixed, solely upon the basis of cardio-respiratory criteria.

Pronouncement of Death:

If the examining physician has been able to make all requisite determinations consistent with N.J.A.C. 13:35-6A, then the examining physician may authorize the pronouncement of death. The actual pronouncement of death may thereafter be made by the examining physician or any plenary licensed physician acting upon the authorization of the examining physician.

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