1. To the group. How many tests have you performed or seen? Do you use the endorsed FICM forms?

2. Get Dr B to write on form (others can read a form each). Ask who can test? "G'day. I'm your new GMC registered locum ICU consultant. I've just got off the plane from Australia." Can I test? Answer: Yes, five years equivalent.

DBD 2 Station

1st Test – Facilitated Tutorial with Participant B

Form for the Diagnosis of Death
using Neurological Criteria {abbreviated guidance version}

This form is consistent with and should be used in conjunction with, the AoMRC (2008) *A Code of Practice for the Diagnosis and Confirmation of Death* and has been endorsed for use by the Faculty of Intensive Care Medicine and Intensive Care Society.

HOSPITAL ADDRESSOGRAPH or

Surname
First Name
Date of Birth
NHS Number

Evidence for Irreversible Brain Damage of known Aetiology

Primary Diagnosis:

Evidence for Irreversible Brain Damage of known Aetiology:

Diagnostic caution is advised in certain '**Red Flag**' patient groups. See Page 3 for details.

Exclusion of Reversible Causes of Coma and Apnoea

	1st Test Dr One	1st Test Dr Two	2nd Test Dr One	2nd Test Dr Two
Is the coma due to depressant drugs? Drug Levels (if taken):	Yes / No	Yes / No	Yes / No	Yes / No
Is the patient's body temperature ≤34°C?	Yes / No	Yes / No	Yes / No	Yes / No
Is the coma due to a circulatory, metabolic or endocrine disorder?	Yes / No	Yes / No	Yes / No	Yes / No
Is the apnoea due to neuromuscular blocking agents, other drugs or a non brain-stem cause (*eg.* cervical injury, any neuromuscular weakness)?	Yes / No	Yes / No	Yes / No	Yes / No

Tests for Absence of Brain-Stem Reflexes

	1st Test Dr One	1st Test Dr Two	2nd Test Dr One	2nd Test Dr Two
Do the pupils react to light?	Yes / No	Yes / No	Yes / No	Yes / No
Is there any eyelid movement when each cornea is touched in turn?	Yes / No	Yes / No	Yes / No	Yes / No
Is there any motor response when supraorbital pressure is applied?	Yes / No	Yes / No	Yes / No	Yes / No
Is the gag reflex present?	Yes / No	Yes / No	Yes / No	Yes / No
Is the cough reflex present?	Yes / No	Yes / No	Yes / No	Yes / No
Is there any eye movement during or following caloric testing in each ear?	Yes / No	Yes / No	Yes / No	Yes / No

Brain-Stem Reflexes

September 2015

3. What is the primary diagnosis and evidence in Margaret?
Answer: SAH; CT scan
What about if there was presumed meningoencephalitis but one didn't know the exact microbiological organism?
Answer: still ok if both doctors are satisfied that the primary diagnosis of cerebral oedema is consistent with the irreversible loss of brainstem function.
Question to ask: if ventilated for a long time would function return or is it too late. (Drs may not be able to conclude this = stop).

4. Go through each red flag. Each represents a situation in the world where someone had to retract their diagnosis. Red flag means proceed with caution.

5. Go to patient records. Check sedation prescriptions. Check temperature. Check: MAP > 60mmHg; blood results. No need endocrine check unless cause not clear.

6. TOF unless sure no neuromuscular agents given (usually you are sure). Could Margaret have cervical spine injury? Mechanism unlikely.
3 options if cervical spine #: 1. MRI to show no cord oedema. 2. Ancillary test eg CTA. 3. Conclude unsafe to test.

7. Go to mannequin. Emphasise that all the mistakes that have occurred in the world have occurred up to this point. **Dr B to perform, you read aloud and write on form.** Explain good for families to see the form and not a memory test so ok if 2nd Dr reads off the tests.

8. **Pupils.** Test direct and consensual. Pupils should be fixed and mid-size or larger.

9. **Cornea**. Make sure coloured part is touched. Emphasise every test is **supranormal** and **bilateral** where possible. Repeat this phrase

10. **Supra-orbital pressure.** Expose limbs but look cranial distribution. Glance at monitor to see no hypertension of tachycardia caused (reassuring). How hard do you push? Answer: Like you are in ED with a drunk patient you don't want to intubate. Supranormal & bilateral.

11. **Gag.** Two ways: Using a laryngoscope directly visualise posterior pharynx and stimulate **bilaterally** or using yankauer (depress tongue to allow some visualisation) **bilaterally** stimulate posterior pharynx.

12. **Oculovestibular.** Ears for wax (no need both Drs do both ears). Give example of when clearing wax -> bleeding. MUST one wait for ENT SHO to clear wax? Exam answer = yes. But show option to document variance from Code on form. Both Drs must agree.
30° head flexion (horizontal canal into vertical); one minute which is hard for anaesthetists to do. May be easier Drs swap ears.

Form for the Diagnosis of Death
using Neurological Criteria {abbreviated guidance version}

Patient Name: **NHS Number:**

Apnoea Test

Apnoea Test				
	1st Test Dr One	**1st Test Dr Two**	**2nd Test Dr One**	**2nd Test Dr Two**
Arterial Blood Gas pre apnoea test check: (Starting $PaCO_2 \geq 6.0$ kPa and starting pH <7.4 or $[H^+]$ >40 nmol/L)	1st Test Starting $PaCO_2$: Starting pH/$[H^+]$:		2nd Test Starting $PaCO_2$: Starting pH/$[H^+]$:	
Is there any spontaneous respiration within 5 (five) minutes following disconnection from the ventilator?	Yes / No	Yes / No	Yes / No	Yes / No
Arterial Blood Gas Result post apnoea test: ($PaCO_2$ should rise > 0.5 kPa)	1st Test Final $PaCO_2$: *Perform lung recruitment*		2nd Test Final $PaCO_2$: *Perform lung recruitment*	
Document any Ancillary Investigations Used to Confirm the Diagnosis or any required Clinical Variance from AoMRC (2008) Guidance				
Completion of Diagnosis				
Are you satisfied that death has been confirmed following the irreversible cessation of brain-stem-function?	**YES / NO**		**YES / NO**	
Legal time of death is when the 1st Test indicates death due to the irreversible loss of brain stem function. Death is confirmed following the 2nd Test.	**Date:** **Time:** **Dr One** Name Grade GMC Number Signature **Dr Two** Name Grade GMC Number Signature		**Date:** **Time:** **Dr One** Name Grade GMC Number Signature **Dr Two** Name Grade GMC Number Signature	

abcd