

GRANDVIEW HOSPITAL AND MEDICAL CENTER

AFTER THE DECLARATION OF BRAIN DEATH: POLICY AND PROTOCOL

THREE CONSIDERATIONS ARE NECESSARY WHEN ADDRESSING THE PERIOD AFTER THE DECLARATION OF BRAIN DEATH: (1) RESPECT FOR THE PATIENT AND ADMINISTRATION OF INTERVENTIONS APPROPRIATE FOR THE PATIENT'S CONDITION; (2) COMPASSION FOR THE SURVIVORS; (3) CAREFUL ALLOCATION OF THE HOSPITAL'S RESOURCES.

POLICY: Therapeutic interventions will cease after the declaration of brain death.

PROTOCOL: The following steps will be observed:

1. Immediately after the pronouncement of brain death, the time of the pronouncement will be entered in the chart by the attending physician along with the order of "no new interventions."
2. Pastoral services will be notified and the assistance of clergy who had an on-going relationship with the patient will be solicited.
3. A conference will be held where the family will be informed of the death of the patient and of the way the determination of death has been made. This conference will include the attending physician, appropriate consulting physicians, and representatives of the nursing, patient relations, and pastoral services departments.
4. If the family resists the determination of death, a 2nd opinion from a physician of the surrogate's choice will be offered along with any necessary studies determined by the consultants. This consultation will be completed within 24 hours. While awaiting the results of the 2nd opinion and its accompanying studies, all appropriate interventions will be continued.
5. If the 2nd opinion and its accompanying studies confirm the diagnosis of brain death and the surrogate continues to resist, the hospital's Futility Policy will be followed.
6. Comfort support for the survivors and the satisfaction of their ritual needs will be made available immediately by the departments of nursing, patient relations, and pastoral services.
7. If the suitability of organ donation was not discussed prior to the patient's death, organ donation may be discussed at this time. The nursing policy on organ donation (C35) will be observed.

8. **If the patient is not a candidate for organ donation, all interventions will cease. The presence of the family during this procedure will be determined on a case by case basis.**

9. **If the patient is a candidate for organ donation, appropriate interventions will continue in accordance with the protocols for organ transplantation.**