Reset/Clear Form

Apnea Testing TGLN Provincial Procedure Evaluation Data Sheet

TGLN#:	
Completed By:	

Start of clinical exam: Date (dd/mm/yyyy): _____Time: _____

Was the NDD/DNC clinical exam completed (finished in its entirety)? ☐ Yes ☐ *No

*If No, why was clinical exam not completed? _____

If an Apnea Test was not attempted, why not:

- ☐ The clinical team thinks that patient unlikely to tolerate apnea
- ☐ Hemodynamic Instability
- ☐ Respiratory Instability
- ☐ Both hemodynamic and respiratory instability
- ☐ Other reason (explain): _____

Was the Apnea Test done at the same time as the clinical exam? ☐ Yes ☐ *No

*If No, Why? _____

If Apnea Test is not done at the same time as the Clinical Exam, complete a second form when the Apnea Test is attempted/completed <link to form>

Date of Apnea Test: (dd/mm/yyyy): _____

Start of observation period for respiratory effort: Time: _____ Starting $PaCO_2$_____ pH____

End of observation period for respiratory effort: Time: _____ Ending $PaCO_2$_____ pH____

Identify the method of Apnea Test:

- ☐ Passive Oxygenation with Suction Catheter (off ventilator)
- ☐ Positive Airway Pressure with PEEP Valve (off ventilator)
- ☐ Positive Airway Pressure While Remaining on the Ventilator
- ☐ Positive Airway Pressure with Intentional Hypoventilation
- ☐ Carbogen (CO2) Ventilation (On ventilator)

If Apnea Test was attempted, but not completed (aborted), why?

- ☐ Observed or questionable respiratory effort
- ☐ Respiratory Instability e.g. Hypoxemia
- ☐ Hemodynamic instability
- ☐ Other (explain)_____

Were there any challenges that delayed Apnea Testing? _____

Was an Ancillary Test done for the purpose of death determination ☐ *Yes ☐ No

*If Yes,why was the ancillary test done? _____

Date of ancillary test (dd/mm/yyyy): _____ **Time**: _____

****Please ensure you have documented/uploaded the ancillary test in iTransplant****

What confounding factor(s) necessitated the ancillary test?

- ☐ Less than 48 hours ROSC following cardiac arrest
- ☐ Unresuscitated shock
- ☐ Hypothermia
- ☐ Drug intoxications
- ☐ Administration of cycloplegic or muscle relaxant drugs
- ☐ Neuromuscular disorders
- ☐ Recent decompressive craniectomy
- ☐ Spinal cord injury
- ☐ Isolated brainstem or infratentorial brain injury
- ☐ Severe metabolic disorders such as hypoglycaemia
- ☐ Severe hypophosphatemia
- ☐ Hypernatremia and/or liver or renal dysfunction
- ☐ Another confounder (specify)_____

Other rational necessitating the ancillary test

☐ Failed apnea test ☐ Family request ☐ Other(specify): _____

Was the ancillary test completed prior to Clinical and/or Apnea testing? ☐ *Yes, ☐ No

*If yes, Why: _____

General Comments: _____