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Clinical Process Instruction Manual

Donation after Death Determination by Neurologic Criteria

Policy:

Ontario Health (Trillium Gift of Life Network [TGLN]) has aligned its clinical protocols for donation following death determination by neurologic criteria with *A Brain-Based Definition of Death and Criteria for its Determination After Arrest of Circulation or Neurologic Function in Canada: A 2023 Clinical Practice Guideline* (DDD).

Physicians performing death determination by neurologic criteria (DNC) must hold full and current licensure for independent (non-educational) medical practice in Ontario. The physician must have skill and knowledge in the management of patients with severe brain injury, as well as DNC. For the purpose of donation for transplantation, clinicians determining death must not have an association or active involvement in transplant procedures, organ allocation, or care of the intended transplant recipient. Responsibility for accuracy in DNC rests with the physicians who document it. The role of Ontario Health (TGLN) staff in this context is supportive.

The *Gift of Life Act* requires two physicians to confirm death to proceed with organ donation. For Adults and children greater or equal to 1 year of age, these assessments may be performed concurrently, as per DDD guidelines. For infants 2 months to less than 1 year corrected gestational age, there is no fixed exam interval between the two assessments. The first and second physician's determinations should be performed at different points in time, including apnea tests. For newborns 37 weeks corrected gestational age to less than 2 months, the first exam and assessment should be delayed until 48 hours after birth and the interval between exams should be greater than or equal to 24 hours. This interval may be extended based on physician judgement. When performed at different points in time, full clinical examinations, including the apnea test, are to be performed by both physicians.

Ontario Health (TGLN) may require additional information or testing in order to proceed with donation following DNC. Where judgment is required, Ontario Health (TGLN)'s Donation Support Physician (DSP) or on-call designate may be consulted to determine the need for additional testing.

Process:

- 1. Prior to the completion of DNC, the Ontario Health (TGLN) coordinator completes the DNC Confounding Factors Worksheet portion of CSF-9-5 (Adults) or CSF-9-6 (Pediatrics) in collaboration with the most responsible physician (MRP). The Specialist Organ and Tissue Donation (SOTD) or Clinical Responder (CR) reviews the DNC documentation ensuring it is filled out accurately, completely and confirms that DNC meets DDD guidelines and the *Gift of Life Act* requirements to proceed with donation following DNC. An electronic signature is required to indicate verification. See Sample 1- 3 for adult cases and Sample 4-6 for pediatric cases. The SOTD/CR will ensure that the documentation meets the clinical criteria outlined in Appendix 1. For situations when clinical criteria in Appendix 1 is not met, a DSP consult is mandatory to confirm DNC.
- 2. As a quality assurance check, the Clinical Services Coordinator (CSC)/Referral Triage Coordinator (RTC)



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reviews the DNC documentation to verify its completion and notifies the SOTD/CR if there is any missing information or any corrections needed. The CSC or RTC will complete an electronic signature indicating verification of completion.

- 3. If judgment is required as to whether DNC is valid, a DSP consult with the SOTD/CR, and the CSC/RTC, if available, via conference-call is mandatory and should occur on a taped line.
- 4. If it is likely the DSP is needed to consult on the case, the SOTD/CR may inform the MRP that given the nature of the case, the SOTD/CR will be reaching out to the DSP and that the DSP may want to speak directly to the MRP. If the MRP would rather speak to an RML or the CMO-Donation with whom the MRP may feel more comfortable, the MRP is free to do so. However, the RML or CMO-Donation must then speak to the DSP on call and advise him/her of the conversation details.
- 5. The SOTD/CR and CSC/RTC document the DSP or on-call designates decision in the clinical notes.
- 6. Prior to the organ recovery, the SOTD/CR assembles all required DNC forms for the Operating Room and Transplant teams which includes:
 - Confirmation of Death Determination by Neurologic Criteria (DNC), or hospital approved alternates
 - Consent to Donate Organs and/or Tissues
 - Coroner/Forensic Pathologist Permission form (when applicable)
- 7. The SOTD/CR ensures that a copy of all forms specified in step 6 are retained in the Ontario Health (TGLN) Donor Management System (DMS), in addition to:
 - DNC Confounding Factors Worksheet and any reports or results that may confound DNC if applicable
 - Baseline and final arterial blood gas results from apnea test
 - Neuroimaging evidence that supports the devastating brain injury
 - Any repeat imaging to support DNC, including ancillary test images and reports
- 8. The CSC will confirm that all of the required documentation in step 7 is uploaded to the DMS.
- 9. In the event that transfer for organ recovery surgery is required, the SOTD/CR will:
 - convey details of DNC and any deviation from DDD guidelines (if applicable) to the receiving ICU physician (e.g., if DNC is based in part on ancillary tests alone);
 - facilitate discussion between the sending and receiving ICU physicians if indicated
- 10. In the event that transfer for organ recovery is required, the SOTD/CR will ensure the following documentation accompanies the potential donor:
 - copy of all forms (as described above in 6) and any supporting images, reports, and/or test results, if applicable.



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Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Assessment Form: Organ/Combined Organ and Tissue Donor	CSF-9-15	PRC	PRC	16 years
Guidelines for death determination by neurologic criteria (DNC) for the purposes of organ donation in Ontario: adult and children greater than or equal to one year of age	CSF-9-5	PRC	PRC	16 years
Guidelines for death determination by neurologic criteria (DNC) for the purposes of organ donation in Ontario: Infants 2 months to less than 1 year and newborns 37 weeks corrected gestational age to less than 2 months of age	CSF-9-6	PRC	PRC	16 years



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References:

- Coroner's Case Process Instruction, CPI-9-203
- Discussion Donation Opportunities and Obtaining Consent Process Instruction, CPI-9-204
- Donor Assessment Process Instruction, CPI-9-208
- Donor Transfer for Organ Recovery Process Instruction, CPI-9-400
- Gift of Life Act
- Canadian Council for Donation and Transplantation. Report on the Canadian Forum on Severe Brain Injury to Neurological Determination of Death. Vancouver, BC. May 16, 2003
- Canadian Council for Donation and Transplantation. Brain Blood Flow in the Neurological Determination of Death. Montreal, QC. February 2007



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Appendix 1: Death Determination by Neurologic Criteria Documentation

- 1.1 The patient must have an established cause of devastating brain injury and this should be supported by documented neuroimaging evidence. In addition, confounding factors (see Appendix A) must be excluded to prevent the observation of neurological responses that may mimic death; including severe electrolyte abnormalities.
- 1.2 The patient's core body temperature should be greater than or equal to 36° Celsius.
- 1.3 The physicians involved in the DNC must have the knowledge and ability associated with the management of patients who have severe brain injury as well as in DNC for all relevant age groups within their care.

Clinical Criteria for Death Determination by Neurologic Criteria (DNC) for Adults and children greater or equal to 1 year of age *must include all of the following*)

- 1.4 Bilateral absence of:
 - Pupillary response, with pupils greater than or equal to 3mm;
 - Corneal reflex;
 - Oculovestibular response and
 - Motor response to central (painful) stimulation (e.g., supraorbital pressure), excluding spinal reflexes
- 1.11 Absence of a cough and a gag response.
- 1.12 A lack of respiratory effort as determined by apnea testing.
- 1.13 Both clinical exams may be performed concurrently.
- 1.14 One apnea test may be performed in the presence of both physicians. However, if both physicians are not present, then a second clinical examination and separate apnea test must be performed for organ donation purposes.

Clinical Criteria for Death Determination by Neurologic Criteria (DNC) for Infants aged 2 months to less than 1 year (Corrected for Age) (must include all of the following)

- 1.15 Bilateral Absence of:
 - Pupillary response, with pupils greater than or equal to 3mm;
 - Corneal reflex;
 - Oculovestibular response; and
 - Motor response to central (painful) stimulation (e.g., supraorbital pressure), excluding spinal reflexes



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- 1.16 Absence of a cough and a gag response.
- 1.17 A lack of respiratory effort as determined by apnea testing.
- 1.18 The second required clinical examination for DNC must occur separately and independently from the initial examination, including apnea testing.
- 1.19 There is no recommended time interval that must occur between the two examinations; however, each must be performed independently.

Clinical Criteria for Determination of Death by Neurological Criteria (DNC) for Newborns aged 37 weeks corrected gestational age to less than 2 months (must include all of the following)

- 1.20 Bilateral Absence of:
 - Pupillary response, with pupils greater than or equal to 3mm;
 - Corneal reflex;
 - Oculovestibular response; and
 - Motor response to central stimulation (e.g., clavicular pressure), excluding spinal reflexes
- 1.21 Absence of a cough and a gag response.
- 1.22 Absence of sucking and rooting reflex.
- 1.23 A lack of respiratory effort as determined by apnea testing.
- 1.24 For this age group, there should be an minimum of 48 hours between birth and the first clinical assessment for DNC.
- 1.25 The second required clinical assessment for DNC should take place after a minimum interval of 24 hours after the first clinical assessment for DNC. This interval may be extended based on physician judgement. Consultation with DSP is recommended. Additional caution should be exercised in this age group.



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Sample 1: Confirmation of Death Determination by Neurologic Criteria (DNC): Adults and Children Greater than or Equal to One Year of Age



483 Bay Street South Tower, 4th Floor Toronto, Ontario MSG 2C9 Tel: 416-363-4438 or toll free 1-877-363-8456 Fax: 416-214-7797 or toll-free 1-866-557-6100 Website: www.glfbdfile.or.ca



CONFIRMATION OF DEATH DETERMINATION BY NEUROLOGIC CRITERIA (DNC): ADULTS AND CHILDREN GREATER THAN OR EQUAL TO ONE YEAR OF AGE

TGLN ID:					
Prerequisites					
What is the mechanism of de the suspected death?	evastating brain injury that has led to	Elevated ICP/ Isolated Infra	Hydrocephalus tentorial Brain Injur	Anoxic Brain I Ty Other (please	
Is the mechanism of devasta	ting brain injury indicated above supp	orted by imaging?		□Yes	□No
Potential confounders of an	accurate clinical assessment have bee	n considered and e	excluded. If		
	ided, the clinical assessment must be gation is recommended. If no, please		ullest extent	□Yes	□No
Core Body Temperature (eso	phageal, bladder, central venous, or a	rterial catheter mo	onitoring)	٩(0
Clinical Assessment		Ex	am 1	Exa	m 2
Absent motor responses (ex	cluding spinal reflexes)	□Yes	□No	□Yes	□No
Absent cough (tracheal) refle	ex	□Yes	□No	□Yes	□No
Absent gag (pharyngeal) refl	ex	□Yes	□No	□Yes	□No
Absent (bilateral) corneal ref	flexes	□Yes	□No	□Yes	□No
Absent (bilateral) vestibulo-o	ocular reflexes	□Yes	□No	□Yes	□No
Absent (bilateral) pupillary re	esponse to light	□Yes	□No	□Yes	□No
Apnea Testing Apnea testing should be the fin	al element of the clinical assessment.	1			
Baseline		pH		pH	
baseline		PaCO ₂	mmHg	PaCO ₂	mmHg
At completion of penes test		рН		рН	
At completion of apnea test		PaCO ₂	mmHg	PaCO ₂	mmHg
PaCO₂ ≥ 20 mmHg above the	baseline level and $pH \le 7.28$	□Yes	□No	□Yes	□No
Absent breathing/respirator	y efforts	□Yes	□No	□Yes	□No
Date/time blood cample was	taken when PaCO ₂ reached targets:	(DD-MM-YY):	•	(DD-MM-YY):	
bate/time blobb sample was	taken when Paco2 reached targets.	(00:00)		(00:00)	
Criteria: pH less than or equal	to 7.28, PaCO2 greater than or equal to 60	mmHg and greater t	han or equal to 20 mi	mHg rise from baselin	e CO2
	essment cannot be completed and/or pote ed. For isolated infratentorial brain injury, slvement.				
Date/time ancillary test perf	ormed:	(DD-MM-YY):		(00:00):	
Ancillary Test Performed:					
Radionuclide Perfusion	Transcranial Doppler Read b	y (PRINT):			
CT-Angiography	CT-Perfusion	a transit.			
Absent intracerebral blood f	low/perfusion			□Yes	□No
	ded as the time of completion of the last to CO ₂ reached the apnea test targets, or the			criteria (typically, the	time the bloor
This patient fulfills the criter	ia for death determination by neurolo	gic criteria		□Yes	No
Date/time of death:		(DD-MM-YY):		(00:00):	
Physician 1 (PRINT):		Signature:			
Physician 2 (PRINT):		Signature:			
	minations may be performed concurrently.		erent times, a full clini	ical examination inclu	dina annea tes

Physician 1 and physician 2 determinations may be performed concurrently. If performed at different times, a full clinical examination including apnea test must be performed, without any fixed examination interval, regardless of the primary etiology.



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Sample 2: Confirmation or Neurological Determination of Death (NDD) (Adult and Paediatric Patients >1 Year)

CONFIRMATION OF NEUROLOGICAL DETERMINATION OF DEATH (NDD) (ADULT AND PAEDIATRIC PATIENTS > I YEAR) TGLIN ID #:			F NEUROLOGICAL			
Guidelines on Reverse Neurologic Diagnosis Leading to Death: MECHANISM OF DEATH (Choose One Only) Increased initiacranial pressure Direct brainstem injury TEMPERATURE °C Blood Oral Esophageal Tympanic CONFOUNDING FACTORS Examples of potentially confounding factors: Shock, hypothermia, poisoning, cycloplegic drugs, muscle releaxant drugs (check train of Dru and / or administer reversal agents), neuromuscular pathology, severe endocrine, metabolic or electrolyte disorders. EXAMINATION Examples of potentially confounding factors: Shock, hypothermia, poisoning, cycloplegic drugs, muscle releaxant drugs (check train of Dru and / or administer 		(ADULT AND PAEDIA	OF DEATH (NDD)	۶)		
MECHANISM OF DEATH (Choose One Only) Increased intracranial pressure Direct brainstem injury TEMPERATURE _°C Blood _Oral Conrounding Factors						
 Increased intracranial pressure Direct brainstem injury TEMPERATURE°C Temperature must be ≥ 34°C for a valid clinical examination. Blood Oral Esophageal Tympanic CONFOUNDING FACTORS Examples of potentially confounding factors: None Shock, hyop thermia, poisoning, cycloplegic drugs, musclur relaxant drugs (check train of four and / or administer reversal agents), neuromuscular pathology, severe endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles No response to noxious stimulation to light Bilateral absence of pupiliary constriction to light Bilateral absence of blink response to corneal stimulation Absence of respiratory effort throughout apnea test ABG at Start: pH End: pH PaCO2 PaCO2 PaO2 Criteria: pH ≤ 7.28, PaCO2 ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Pate of Test: Adionuclide cerebral angiogram Ct angiography Time of Test: MR angiography 	Neurolog	ic Diagnosis Leading t	Death:			
Blood Oral Oral Oral Esophageal Tympanic CONFOUNDING FACTORS Examples of potentially confounding factors: Shock, hypothermia, poisoning, cycloplegic drugs, muscle relexant drugs (check train of four and / or administer reversal agents), neuromuscular pathology, severe endocrine, metabolic or electrolyte disorders. EXAMINATION endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles endocrine, metabolic or electrolyte disorders. Bilateral absence of pupillary constriction to light Bilateral absence of pupillary constriction to light Bilateral absence of gue response to deep pharyngeal stimulation Absence of gue gresponse to tacheal stimulation Absence of respiratory effort throughout apnea test	🔲 li	ncreased intracranial p				
Oral Esophageal Tympanic Examples of potentially confounding factors: Shock, hypothermia, poisoning, cycloplegic drugs, muscli relexant drugs (check train of four and) or administer reversal agents), neuromuscular pathology, severe endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles Examples of pupillary constriction to light Bilateral absence of pupillary constriction to light Bilateral absence of pupillary constriction to light Bilateral absence of gag response to corneal stimulation Bilateral absence of gag response to tracheal stimulation Absence of cough response to tracheal stimulation Absence of respiratory effort throughout apnea test ABG at Start: pH PaCO2 PaO2 Criteria: pH ≤ 7.28, PaCO2 ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following test was performed and interpreted as compatible with death: Radionuclide cerebral alogigram Ct angiography Time of Test: Assence or T			°C Ter	mperature must be ≥ 34	°C for a valid	d clinical examination.
Tympanic CONFOUNDING FACTORS None Examples of potentially confounding factors: Shock, hypothermia, poisoning, cycloplegic drugs, muscle relevant drugs (check train of four and / or administer reversal agents), neuromuscular pathology, severe endocrine, metabolic or electrolyte disorders. EXAMINATION endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles moresponse (excepting spinal reflex) to noxious stimulation in all extremities Pupils are mid-position Bilateral absence of pupillary constriction to light Bilateral absence of opupillary constriction to light Bilateral absence of ough response to tracheal stimulation Absence of cough response to throughout apnea test Absence of cough response to tracheal stimulation Absence of cough response to tracheal stimulation pH PaCO2		Dral				
None Examples of potentially confounding factors: None Examples of potentially confounding factors: Potentially present; ancillary testing performed Examples of potentially confounding factors: Shock, hypothermia, poisoning, cycloplegic drugs, muscle and true and / or administer reversal agents), neuromuscular pathology, severe neudocrine, metabolic or electrolyte disorders. EXAMINATION endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles neudocrine, metabolic or electrolyte disorders. Pupils are mid-position Bilateral absence of pupillary constriction to light Bilateral absence of pupillary constriction to light Bilateral absence of proper movement after irrigation of tympanic membrane with cold water Absence of cough response to tracheal stimulation Absence of respiratory effort throughout apnea test ABG at Start: pH End: pH	_					
□ Notice Shock, hypothermia, poisoning, cycloplegic drugs, muscl, relaxant drugs (check train of four and / or administer reversal agents), neuromuscular pathology, severe endocrine, metabolic or electrolyte disorders. EXAMINATION endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles No response (excepting spinal reflex) to noxious stimulation in all extremities Pupils are mid-position Bilateral absence of pupillary constriction to light Bilateral absence of of eye movement after irrigation of tympanic membrane with cold water Absence of cough response to tracheal stimulation Absence of respiratory effort throughout apnea test ABG at Start: pH PaCO2 paCO2 PaO2 PaO2 Criteria: pH ≤ 7.28, PaCO2 ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following confounding factor(s) necessitated ancillary testing: The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: 4-Vessel cerebral angiogram Time of Test: Areadionuclide cerebral blood flow study Date of Test: MR angiography Time of Test:				Examples of pot	optially confou	ndina factora:
reversal agents), neuromuscular pathology, severe endocrine, metabolic or electrolyte disorders. No response to noxious stimulation above clavicles no response (excepting spinal reflex) to noxious stimulation in all extremities Pupils are mid-position Bilateral absence of pupillary constriction to light Bilateral absence of eye movement after irrigation of tympanic membrane with cold water Absence of gag response to deep pharyngeal stimulation Absence of cough response to tracheal stimulation Absence of respiratory effort throughout apnea test ABG at Start: pH End: pH PaO2 paO2 Criteria: pH ≤ 7.28, PaCO2 ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following confounding factor(s) necessitated ancillary testing: The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: 4-Vessel cerebral angiogram Time of Test: MR angiography Time of Test: Xenon CT Xenon CT	_		illary testing performed	Shock, hypother	mia, poisoning	, cycloplegic drugs, muscle
No response (excepting spinal reflex) to noxious stimulation in all extremities Pupils are mid-position Bilateral absence of pupillary constriction to light Bilateral absence of of eye movement after irrigation of tympanic membrane with cold water Absence of cough response to tacheal stimulation Absence of cough response to tracheal stimulation Absence of respiratory effort throughout apnea test ABG at Start: PH End: PaCO2	EXAMIN	ATION		reversal agents)	, neuromuscula	ar pathology, severe
Bilateral absence of blink response to corneal stimulation Bilateral absence of eye movement after irrigation of tympanic membrane with cold water Absence of gag response to deep pharyngeal stimulation Absence of cough response to tracheal stimulation Absence of respiratory effort throughout apnea test ABG at Start: pH PaCO2 pPaCO2		No response (excepting Pupils are mid-position	spinal reflex) to noxious	stimulation in all extrem	nities	
Absence of cough response to tracheal stimulation Absence of respiratory effort throughout apnea test ABG at Start: PH PaCO2 PaCO2 PaO2 PaO2 Criteria: pH ≤ 7.28, PaCO2 ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following confounding factor(s) necessitated ancillary testing: The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: 4-Vessel cerebral angiogram Ct angiography Time of Test: MR angiography Xenon CT Based on the above neurological criteria, this patient is dead.		Bilateral absence of blin Bilateral absence of eye	k response to corneal sti movement after irrigatio	imulation on of tympanic membrar	ne with cold w	water
PaCO2 PaCO2 PaO2 PaO2 Criteria: pH ≤ 7.28, PaCO2 ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following confounding factor(s) necessitated ancillary testing: The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: 4-Vessel cerebral angiogram Ct angiography MR angiography Xenon CT Based on the above neurological criteria, this patient is dead.						
PaO2 PaO2 Criteria: pH ≤ 7.28, PaCO2 ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following confounding factor(s) necessitated ancillary testing: The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: Aviessel cerebral angiogram Ct angiography Time of Test: Rangiography Xenon CT Based on the above neurological criteria, this patient is dead.		ABG at Start:		End:		pH
Criteria: pH ≤ 7.28, PaCO₂ ≥ 60 mmHg and increased by ≥ 20 mmHg from baseline. ANCILLARY TESTING (Where Required) The following confounding factor(s) necessitated ancillary testing: The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: 4-Vessel cerebral angiogram Ct angiography Time of Test: MR angiography Xenon CT Based on the above neurological criteria, this patient is dead.						
ANCILLARY TESTING (Where Required) The following confounding factor(s) necessitated ancillary testing: The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: A-Vessel cerebral angiogram Ct angiography Time of Test: MR angiography Xenon CT Based on the above neurological criteria, this patient is dead.		Critoria: pH < 1		and increased by > 20		
The following test was performed and interpreted as compatible with death: Radionuclide cerebral blood flow study Date of Test: 4-Vessel cerebral angiogram Ct angiography Time of Test: MR angiography Time of Test: Xenon CT Based on the above neurological criteria, this patient is dead.		ARY TESTING (Where	Required)	-	-	
 Radionuclide cerebral blood flow study Date of Test: 4-Vessel cerebral angiogram Ct angiography Time of Test: MR angiography Xenon CT Based on the above neurological criteria, this patient is dead.		wing comounding facto	(s) necessitated anchiar	y testing.		
Ct angiography Time of Test: MR angiography Xenon CT Based on the above neurological criteria, this patient is dead.		Radionuclide cerebral b	lood flow study			
		Ct angiography MR angiography	grout	Time of Test:		



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Sample 3: Death Determination by Neurologic Criteria (DNC) Checklist

Time of Death Image: Completion of the last test required to fulfill death determination criteria (typically, the time to blood sample was taken when the PaCO2 reached the apnea test targets, or the time ancillary investigation was performed). This patient fulfills the criteria for death determination by neurologic criteria Yes No Date/time of death: Image: Clinician (print): Signature: Second Clinician, if needed (print): Signature: or organ donation, two medical practitioners/physicians are required to determine death. Clinicians can perform the clinical assessment oncurrently. If performed at different points in time, the second clinical assessment required for organ donation must be fully repeated. We recommend that one complete clinical assessment is sufficient for patients one year of age or older who are undergoing DNC (Strong ecommendation, moderate certainty in evidence).	support team to be how death cause death and supp e been considered must be completed please explain:	Yes orted by neuroima Yes	No aging evidence: No
Substitute decision makers/families have been offered a multidisciplinary support team to be included in end-of-life care discussions Yes No Substitute decision makers/families have been informed about when and how death determination will occur Yes No Prerequisites Specify the established cause of devastating brain injury severe enough to cause death and supported by neuroimaging evidence Potential confounders (see Page 2) of an accurate clinical assessment must be completed and excluded. If confounders cannot be excluded, the clinical assessment must be completed and excluded. If confounders cannot be excluded, the clinical assessment must be completed and excluded. If confounders investigation is required. If no, please explain: Yes No Clinical Assessment Yes No No Absent for the full set excluded. If the clinical assessment thave been considered and excluded. If confounders (see Page 2) of an accurate clinical assessment must be completed to the full set exclude, set investigation is required. If no, please explain: Yes No Clinical Assessment Yes No Absent for the full set investigation is required. If no, please explain: Yes No Absent for alternity regent reflex Yes No Absent for alternity reflex No Absent for alternity response to light Yes No Absent for alternity response to light Yes No Apnea Testing Apria data set methor the c	how death cause death and supp e been considered must be completed please explain: N/A pH	Yes orted by neuroima Yes	No aging evidence: No
Included in end-of-life care discussions Test No Substitute decision makers/families have been informed about when and how death determination will occur Yes No Prerequisites Specify the established cause of devastating brain injury severe enough to cause death and supported by neuroimaging evidence and excluded. If confounders (see Page 2) of an accurate clinical assessment must be completed and excluded. If confounders cannot be excluded, the clinical assessment must be completed to the fullest extent possible and ancillary investigation is required. If no, please explain: Yes No Clinical Assessment Yes No No Absent tool responses (excluding spinal reflexes) Yes No Absent togin replex Yes No Absent togin replex Yes No Absent togin reflexes Yes No Absent togin ago buch the clinical assessment. Baseline togin reflexes Yes Apnea testing about the baseline level and pH \$ 7.28 Yes No Absent togin about the baseline level and pH \$ 7.28 Yes <td>how death cause death and supp e been considered must be completed please explain: N/A pH</td> <td>Yes orted by neuroima Yes Yes Yes Yes Yes Yes Yes Yes Yes PaCO₂ PaCO₂ Yes</td> <td>No aging evidence: No No</td>	how death cause death and supp e been considered must be completed please explain: N/A pH	Yes orted by neuroima Yes Yes Yes Yes Yes Yes Yes Yes Yes PaCO ₂ PaCO ₂ Yes	No aging evidence: No
Substitute decision makers/families have been informed about when and how death Yes No Perencuistes Specify the established cause of devastating brain injury severe enough to cause death and supported by neuroimaging evidence and excluded. If confounders (see Page 2) of an accurate clinical assessment must be completed and excluded. If confounders cannot be excluded, the clinical assessment must be completed on the fullest extent possible and ancillary investigation is required. If no, please explain: Yes No Clinical Assessment Yes No No Absent tootor responses (excluding spinal reflexes) Yes No Absent (pag (pharyngeal) reflex No No	e cause death and supp e been considered must be completed please explain:	Yes Yes Yes Yes Yes Yes Yes Yes Yes PaCO ₂ PaCO ₂ Yes	No N
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commendation, moderate certainty in evidence).	t required for organ dona	tion must be fully re	epeated.
Ve suggest two complete clinical assessments separated in time are sufficient for patients less than one year corrected gestational age who are			
Ne suggest two complete clinical assessments separated in time are sufficient for p indergoing DNC (Weak recommendation, very low certainty in evidence).	e n 2	me ancillary investigation pria Signature: Signature: e death. Clinicians can per at required for organ dona year of age or older who a hatients less than one year corrected gestational age	ired to fulfill death determination criteria (typ me ancillary investigation was performed). rria Yes Signature: Signature: e death. Clinicians can perform the clinical ass nt required for organ donation must be fully n year of oge or older who are undergoing DNC



SECTION: Clinical ID NO.: CPI-9-202 PAGE: **10** of 12 ISSUE DATE: March 31, 2005 ISSUE.REVISION: 1.14 REVISION DATE: June 5, 2024 APPROVED BY: Hospital Program Authority

Clinical Process Instruction Manual

Donation after Death Determination by Neurologic Criteria

Sample 4: Confirmation of Death Determination by Neurological Criteria (DNC): Pediatrics 37 Week Corrected Gestational Age to Less Than 1 Year

Ontario Health	Bay Street South Tower, 4th Floor To 416-363-4438 or toll free 1-877-363- 416-214-7797 or toll-free 1-866-557 5site: www.giftoflife.on.ca	3456			
					HOSPITAL CARD STAMP
CONFIRMATION OF DEATH DETE	RMINATION BY NEUROI	LOGIC CRITERIA (DN	C):		
PEDIATRICS 37 WEEKS CORRECTI	D GESTATIONAL AGE T	D LESS THAN 1 YEAR			
TGLN ID:					
Prerequisites					
Age: 🗆 Infants 2 months to les	s than 1 year			tional age to less than	
What is the mechanism of devastat led to the suspected death?	ing brain injury that has	Elevated ICP/Hydr Isolated Infratent		Anoxic Brain Injury Other (please explained)	
Is the mechanism of devastating br	ain injury indicated above :	supported by imaging?		□Yes	□No
Potential confounders of an accura	te clinical assessment have	been considered and e	excluded. If		
confounders cannot be excluded, ti				-	
possible and ancillary investigation				□Yes	□No
Core Body Temperature (esophage	al, bladder, central venous.	or arterial catheter m	onitoring)	~	3
Clinical Assessment		Exan		Exar	m 2
Absent motor responses (excluding	spinal reflexes)	□Yes	□No	□Yes	□No
Absent cough (tracheal) reflex		□ Yes	□No	□Yes	□No
Absent gag (pharyngeal) reflex		□ Yes	□No	□Yes	□No
Absent (bilateral) corneal reflexes		□ Yes	□No	□Yes	□No
Absent (bilateral) vestibulo-ocular r	eflexes	□Yes	□No	□Yes	
Absent (bilateral) pupillary respons		□ Yes			
	-	2.63		□Yes	□No
Absent rooting and sucking (newbo	rns only) 🗆 N/A	□Yes	□No	□Yes	□No
Apnea Testing Apnea testing should be the final eleme	ent of the clinical assessment.				
Baseline		рн		рН	
basenne		PaCO ₂	mmHg	PaCO2	_mmHg
At completion of apnea test		рН		рН	
		PaCO ₂	mmHg	PaCO ₂	_ mmHg
PaCO ₂ ≥ 20 mmHg above the baseli pH ≤ 7.28	ne level and	□Yes	□No	□Yes	□No
Absent breathing/respiratory effort	5	□Yes	□No	□Yes	□No
Date/time blood sample was taken	when PaCO ₂ reached	(DD-MM-YY):	1	(DD-MM-YY):	•
targets:	when i boog redened	(00:00)		(00:00)	
Criteria: pH less than or equal to 7.28,	PoCO, areater than or equal (5 1	than or equal to 20 n	(1	(0)
Ancillary Testing	racuz greater than or equal t	o oo mining ana greater i	man or equal to 20 h	innig rise from basenne	C02
If any portion of the clinical assessment ancillary test should be performed. An					xcluded, an
Date/time ancillary test performed		(DD-MM-YY):		(00:00):	
Ancillary Test Performed:					
Radionuclide Perfusion	Read by (PRINT):				
Absent intracerebral blood flow/pe	rfusion			□Yes	□No
Time of Death The legal time of death is recorded as the	he time of completion of the I	ast test required to fulfill	death determination	•	
sample was taken when the PaCO2 read					
This patient fulfills the criteria for d	eath determination by neu	rologic criteria		□Yes	□No
Date/time of death:		(DD-MM-YY):		(00:00):	
Physician 1 (PRINT):		Signature			
Physician 2 (PRINT):		Signature			
Physician 1 and Physician 2's death de	terminations must be perform			e is no fixed exam interv	al between the two.
For newborns, the first assessment mu					



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Donation after Death Determination by Neurologic Criteria

Sample 5: Checklist for Neurological Determination of Death (NDD) Infants < 1 Year, Term Newborns >36 Weeks

SickK	ids					Addressograph	
THE HOST	PITAL FOR			LAST NAME		(FIRST)	
SICK CHI		G 2 8 1					
	partment of tical Care Medicine			DATE OF BU	стн	SEX MRN	
				YY MM			
	IST FOR NEUROLO						
	INATION OF DEA			ADDRESS			
	1 YEAR, TERM NEWBORN						
MANIS	T TEAK, TEKIYI NEWBOKIN	5 > 50 WEEKS					
				1	IMPRINT OR H	ENTER DETAILS BY H	ND
INFORM	ATION						
Diagnosis							
	onsive coma with the following	established etiolog	zy:				
	g factors (refer to the back of th						
Barbiturates	: 🗌 absent	D present	last dose given	TYYNMADD	at	h	
Other Coma	Inducing drugs: 🗌 absent		last dose given	TYTEMMON	at	h specify	
		1	EXAM 1		1	EXAM 2	
HEMODYN	AMIC STATUS		2.1.1.1.1		ONLY	IF ORGAN DON	TION
During NDI	D examination	BP	/		BP	/	
		Pulse	T°		Pulse	T°	
MINIMUM	CLINICAL CRITERIA				an a		
	ence of motor responses						
	pinal reflexes)	Tes 1	D No		🗌 Yes	D No	
	ence of pupillary responses						
to light (pup Bilateral abs	ence of corneal responses	Yes Yes	□ No □ No		Yes Yes	□ No □ No	
	ence of oculovestibular	L les					
responses (c		🗌 Yes	D No		🗌 Yes	No No	
Bilateral abs	ence of oculocephalic responses	🗌 Yes	D No		Tes Yes	D No	
Absent gag	reflex	🗌 Yes	D No		🗌 Yes	🗌 No	
Absent coug		🗌 Yes	D No		Tes Yes	D No	
Absent suck	reflex (newborns only)	Tes Yes	□ No		Tes Yes	🗌 No	
APNEA TES							
ABG prior t		pH	PaCO2		pH		_ mmH
	pletion of the apnea test	pH	PaCO2		pH	PaCO2	_ mmH
Absence of a	any respiratory effort	Yes Yes	D No		Yes	🗌 No	
ANCILLA	RY TESTS						
Ancillary tes	ts should be performed when ar	ry of the minimum	clinical criteria	cannot be cor	npleted, or if	unresolved confoun	ding
factors exist	•						
	0 I I] Yes 🗌 No	Date	TO TO MAKED	Tim	e	
	ntracranial blood flow has been						
Cerebral	Radiocontrast Angiography	Radionucl	ide Scintigraphy	🗌 Ot	her		
DETERM	INATION AND DOCUMI	ENTATION (NO	OTE: The Officia	l Time of Dea	th is the Tim	e of the First Detern	nination)
The 1st & 2	nd physician's determinations (f	ull clinical exam in	cluding apnea te	st) must be p	erformed at o	different points in ti	ne. For
infants, ther	e is no fixed exam interval. For	newborns, the first	exam must be d	lelayed until 4	48H after bir	th & the interval be	
	be \ge 24H. As certified, this pati	ent fulfills all the N		ermination of	Death (NDI	criteria:	
Physican 1	Print Name	1000	Signature Time of De	alarati		1.06583	
Physican 2	Dute	PULIES .				19,000	
r nysicati Z		N02040				065081	
Physican 2	Date Print Name	N0010	Time of De Signature Time of De	claration		00508	Yes



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Donation after Death Determination by Neurologic Criteria

Sample 6: Death Determination by Neurologic Criteria (DNC) Checklist

	Death is the permanent cess	auon of brain function.		
Patient Name:		MRN:		
Communicating with Substitu				
	milies have been offered a multidiscip	linary support team to be	Yes	No
included in end-of-life care dis	cussions milies have been informed about whe	n and have death		
determination will occur	milles have been informed about whe	n and now death	Yes	No
Prerequisites				
	of devastating brain injury severe eno	ugh to cause death and sup	ported by neuroima	aging evidence:
Potential confounders (see Page	ge 2) of an accurate clinical assessmen	nt have been considered		
	cannot be excluded, the clinical assess		Yes	No
to the fullest extent possible a	nd ancillary investigation is required.	If no, please explain:	res	INO
Clinical Assessment	uding animal softeners)		Vee	Ne
Absent motor responses (exclu Absent cough (tracheal) reflex			Yes	No
Absent gag (pharyngeal) reflex			Yes	No
Absent (bilateral) corneal refle			Yes	No
Absent (bilateral) vestibulo-oci				
Absent (bilateral) pupillary res			Yes	No
Absent rooting and sucking (ne		N/A	Yes	No
Apnea Testing	element of the clinical assessment.		163	140
Baseline	element of the clinical assessment.	pH	PaCO ₂	mmHg
At completion of apnea test		pH	PaCO ₂	mmHg
$PaCO_2 \ge 20 \text{ mmHg above the b}$	peopling lovel and pH < 7.28	pn	Yes	No
Absent breathing/respiratory e				
0 1 7	aken when PaCO ₂ reached targets:		Yes	No
Ancillary Investigation If any portion of the clinical assess	sment cannot be completed and/or potent s required for patients greater than 2 mon			
excluded, ancillary investigation is recommendation below.				
recommendation below. Date/time ancillary test perfor				
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform	ned (circle):			
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion	ned (circle): Radionuclide Perfusion (speci	ify):	Other (specify):	
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography	ned (circle): Radionuclide Perfusion (speci Transcranial Doppler	ify]:		
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography Absent intracerebral blood floo	ned (circle): Radionuclide Perfusion (speci Transcranial Doppler	ify]:	Other (specify): Yes	No
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Anglography Absent intracerebral blood floo Time of Death The legal time of death is recorde blood sample was taken when the	ed (circle): Radionuclide Perfusion (speci Transcranial Doppler w/perfusion d as the time of completion of the last test PaCO ₂ reached the apnea test targets, or	t required to fulfill death deter the time ancillary investigation	Yes mination criteria (typ	
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography Absent intracerebral blood flor Time of Death The legal time of death is recorde blood sample was taken when the	ned (circle): Radionuclide Perfusion (speci Transcranial Doppler w/perfusion d as the time of completion of the last test	t required to fulfill death deter the time ancillary investigation	Yes mination criteria (typ	
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography Absent intracerebral blood floo Time of Death The legal time of death is recorde blood sample was taken when the This patient fulfills the criteria Date/time of death:	ed (circle): Radionuclide Perfusion (speci Transcranial Doppler w/perfusion d as the time of completion of the last test PaCO ₂ reached the apnea test targets, or	t required to fulfill death deter the time ancillary investigation	Yes mination criteria (typ n was performed).	ically, the time the
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography Absent intracerebral blood floo Time of Death The legal time of death is recorde blood sample was taken when the This patient fulfills the criteria Date/time of death:	ed (circle): Radionuclide Perfusion (speci Transcranial Doppler w/perfusion d as the time of completion of the last test PaCO ₂ reached the apnea test targets, or	t required to fulfill death deter the time ancillary investigation	Yes mination criteria (typ n was performed).	ically, the time the
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography Absent intracerebrai blood floo Time of Death The legal time of death is recorde blood sample was taken when the This patient fulfills the criteria Date/time of death: Clinician (print):	ned (circle): Radionuclide Perfusion (speci Transcranial Doppler w/perfusion ed as the time of completion of the last tess e PaCO ₂ reached the apnea test targets, or for death determination by neurologi	t required to fulfill death deter the time ancillary investigation c criteria	Yes mination criteria (typ n was performed).	ically, the time the
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography Absent intracerebral blood flor Time of Death The legal time of death is recorde blood sample was taken when the This patient fulfills the criteria Date/time of death: Clinician (print): Second Clinician, if needed (pr or organ donation, two medical pr oncurrently. If performed at differ	ned (circle): Radionuclide Perfusion (speci Transcranial Doppler w/perfusion d as the time of completion of the last tess PacO, reached the apnea test targets, or for death determination by neurologi int): ractitioners/physicians are required to dete ent points in time, the second clinical asse	t required to fulfill death deter the time ancillary investigation c criteria Signature: Signature: ermine death. Clinicians can pe essment required for organ dor	Yes mination criteria (typ n was performed). Yes rform the clinical asso	ically, the time the No essment speated.
recommendation below. Date/time ancillary test perfor Ancillary Investigation Perform CT-Perfusion CT-Angiography Absent intracerebrai blood floo Time of Death The legal time of death is recorde blood sample was taken when the This patient fulfills the criteria Date/time of death: Clinician (print): Second Clinician, if needed (pr or organ donation, two medical pr oncurrently. if performed at differ excommend that one complete ecommendation, moderate certain	ned (circle): Radionuclide Perfusion (speci Transcranial Doppler w/perfusion id as the time of completion of the last test e PaCQ-, reached the apnea test targets, or for death determination by neurologi int): ractitioners/physiclans are required to det ent points in time, the second clinical assessment is sufficient for patient	t required to fulfill death deter the time ancillary investigation c criteria Signature: Signature: ermine death. Clinicians can pe essment required for organ dor is one year of oge or older who	Yes mination criteria (typ n was performed). Yes rform the clinical asse ation must be fully re are undergoing DNC	essment (Strong