Children's Hospital Oakland

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TREATMENT AND PROGRESS RECORD

MR # 059459
DP# PF#
NAME McMATH, JAMI
DOB 10/24/00
MR LOCATION FISHER, PNL 6 PICU

DATE	TIME	
12/23/13	1845	NEUROLOGY CONSULTATION NOTE ASKED BY COUNSEL FOR PATIENT AND CHO TO PERFORM INDEPENDENT BRAIN DEATH EXAM. IN BRIEF, 13 1/2-YEAR-OLD FEMALE S/P TONSILLECTOMY, COMPLICATED BY HEMORRHAGE & CARDIAC ARREST, AND THEN CATASTROPHIC BRAIN INJURY. PATIENT HAS ALREADY HAD 2 BRAIN DEATH EXAMINATIONS, ONE BY A NEUROLOGIST, ONE BY A CRITICAL CARE MD. PREVIOUSLY, 12/11 HEAD CT - STRIKINGLY DECREASED DENSITY THROUGHOUT BRAIN, WITH PROMINENCE OF VESSELS. 12/11 EEG - ELECTROCEREBRAL SILENCE. TODAY, EEG - ELECTROCEREBRAL SILENCE, READING BY MYSELF. RADIONUCLIDE CEREBRAL BLOOD FLOW STUDY / SPECT - NO BLOOD FLOW IN BRAIN. MEDICATIONS AT PRESENT - ARTIFICIAL TEARS VASOPRESSIN NO SEDATIVES ABG EARLIER TODAY 7.45/30/71/-3.5 LABS 144 / 110 / 4.6 / 25 ON MY EXAM: VS - T 36.5, P 70-71, BP 90-107/56-62, O2 SAT 95-98%. ON MECHANICAL VENT, NO SPONTANEOUS RESPIRATORY EFFORT CVR - NO RESPIRATORY VARIABILITY, NO MURMUR. NEUROLOGICAL - MENTAL STATUS - NO EYE OPENING, NO MOVEMENT, NO VOCALIZATION. CRANIAL NERVES - FUNDI PALE, PUPILS 5 mm OV AREFLEXIC, NO OCULOCEPHALIC REFLEX, NO OCULOVESTIBULAR REFLEX (NO

DATE	
	RESPONSE TO CALORICS), NO RESPONSE TO FACIAL PAIN, NO CORNEAL
12/23/13	REFLEX TO TOUCH OR AIR, NO GAG.
1845	MOTOR - FLACCID TONE THROUGHOUT. NO MOVEMENT.
	REFLEXES - NO DEEP TENDON REFLEXES, NO BABINSKI SIGN, NO
	SPINAL REFLEXES.
	SENSORY - NO RESPONSE TO PAIN IN EXTREMITIES x 4, OR TRUNK.
	AUTONOMIC - ϕ RESP EFFORT, NO CARDIAC VARIABILITY, NO
	SPINOCILIARY REFLEX.
	APNEA TEST RESULTS, WITH VENT OFF, 100 % O_2
	START 1538 7.309/49/126/-1.4
	END 1541 7.198/73.3/143.4/0.4
	THAT IS, PATIENT FAILED APNEA TEST
	OVERALL, UNFORTUNATE CIRCUMSTANCES IN 13-YEAR-OLD WITH KNOWN,
	IRREVERSIBLE BRAIN INJURY AND NOW COMPLETE ABSENCE OF
	CEREBRAL FUNCTION AND COMPLETE ABSENCE OF BRAINSTEM FUNCTION,
	CHILD MEETS ALL CRITERIA FOR BRAIN DEATH, BY PROFESSIONAL
	SOCIETIES AND STATE OF CALIFORNIA. MOREOVER, ANCILLARY TESTS
	EEG SHOWS NO ELECTRICAL BRAIN ACTIVITY, AND BLOOD FLOW STUDY SHOWS
	NO CEREBRAL BLOOD FLOW. BY MY INDEPENDENT EXAM, CHILD BRAIN
	DEAD 12/23/13 AT 1845.
	REDACTED
	REDACTED
	Paul Fisher MD CA LIC 684211
	FISHER, Paul Graham
	OFFICE (650) 721-5889

MCMATH, JAHI DOB 10/24/00

12/23/13 1845

MC # 059459

APPENDIX 1 Check List for Documentation of Brain Death

Please see full handwritten note. PF

Brain Death Examination for Infants and Children

Two physicians must perform independent examinations separated by specified intervals.

Age of Patient	Timing of first exam	Inter-exam. Interval
Term newborn 37 weeks gestational age and **up to 30 days old**	☐ First exam may be performed 24 hours after **birth OR following cardiopulmonary resuscitation or other severe brain injury**	☒ At least 24 hours ☐ **Interval shortened because ancillary study (section 4) is consistent with brain death**
31 days to 18 **years** old	☐ First **exam may** be performed 24 hours **following cardiopulmonary resuscitation or other severe brain injury**	☒ At least 12 hours OR ☐ **Interval shortened because ancillary study (section 4) is consistent with brain death**

Section 1. PREREQUISITES for brain death examination and apnea test

A. IRREVERSIBLE AND IDENTIFIABLE Cause of Coma (Please check)

☐ Traumatic brain injury ☒ Anoxic brain injury ☐ Known metabolic disorder ☐ Other (Specify)

B. Correction of contributing factors that can interfere with the neurologic examination	Examination One		Examination Two	
a. Core Body Temp is over 95° F (35° C)	☒ Yes	☐ No	☐ Yes	☐ No
b. Systolic blood pressure or MAP is acceptable range (Systolic BP not **less than 2** standard deviations below age appropriate norm) based on age	☒ Yes	☐ No	☐ Yes	☐ No
c. Sedative/analgesic drug effect excluded as a contributing factor	☒ Yes	☐ No	☐ Yes	☐ No
d. Metabolic intoxication excluded as a contributing factor	☒ Yes	☐ No	☐ Yes	☐ No
e. Neuromuscular blockade excluded as a contributing factor	☒ Yes	☐ No	☐ Yes	☐ No

☐ If ALL prerequisites are marked YES, then proceed to section 2, OR
_____ confounding variable was present. Ancillary study was therefore performed to document brain death. (Section 4)

Section 2. Physical Examination (Please check) NOTE: SPINAL CORD REFLEXES ARE ACCEPTABLE	Examination One Date/ time:		Examination Two Date/ Time:	
a. Flaccid tone, patient unresponsive to deep painful stimuli	☒ Yes	☐ No	☐ Yes	☐ No
b. Pupils are midposition or fully dilated and light reflexes are absent	☒ Yes	☐ No	☐ Yes	☐ No
c. Corneal, cough, gag reflexes are absent Sucking and rooting reflexes are absent (in neonates and infants)	☒ Yes ☐ Yes	☐ No ☐ No	☐ Yes ☐ Yes	☐ No ☐ **No**
d. Oculovestibular reflexes are absent	☒ Yes	☐ No	☐ Yes	☐ No
e. Spontaneous respiratory effort while on mechanical ventilation is absent	☒ Yes	☐ No	☐ Yes	☐ No

☐ The _____ (specify) element of the exam could not be performed because _____
Ancillary study (EEG or radionuclide CBF) was therefore performed to document brain death. (Section 4).

Section 3. APNEA Test	Examination One Date/ Time 1140	Examination Two Date/ Time
No spontaneous respiratory efforts were observed despite final $PaCO_2 \geq 60$ mm Hg **and a ≥ 20 mm** Hg increase above baseline. (Examination One) **No** spontaneous respiratory efforts were observed despite final **$PaCO_2 \geq 60$ mm** Hg and a ≥ 20 mm Hg increase above baseline. (Examination Two)	Pretest $PaCO_2$: 41.0 Apnea duration: 9 min Posttest $PaCO_2$: 73.3	Pretest $PaCO_2$: ____ Apnea duration: ____ min Posttest $PaCO_2$: ____

Apnea test is contraindicated or could not be performed to completion because _____
Ancillary study (EEG or radionuclide CBF) was therefore performed to document brain death. (Section 4)

Section 4. ANCILLARY testing is required when (1) any components of the examination or apnea testing cannot be completed; (2) if there is uncertainty about the results of the **neurologic examination**; or **(3) if a medication** effect may be present. **Ancillary testing can be performed to reduce the inter-examination period however a second neurologic examination is required. Components of the neurologic examination that can be performed safely should be completed in close proximity to the ancillary test**	Date/Time:	
☐ Electroencephalogram (EEG) report documents electrocerebral silence OR	☒ Yes	☐ No
☐ Cerebral Blood Flow(CBF) study report documents no cerebral perfusion	☒ Yes	☐ No

Section 5. Signatures

Examiner One

I certify that **my** examination is consistent with cessation of function of the brain and brainstem. Confirmatory exam to follow.

_____ (Printed Name) _____ (Signature)

_____ (Specialty) _____ (Pager #/License #) _____ (Date mm/dd/yyyy) (Time)

Examiner Two

☒ I certify that my examination ☐ **and/or** ancillary test report ☒ confirms unchanged and irreversible cessation of function of the brain and brainstem. **The patient is** declared brain-dead **at this time**.

Date/Time of death: 1845

NEUROLOGY (Printed Name) CA 684211 (Signature) 12/23/13 1845

(Specialty) (Pager #/License #) (Date mm/dd/yyyy) (Time)

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