

## Clinical and physiological support of a patient after neurological determination of death

### Checklist for clinical support of a patient with permanent loss of brain function

For full rationale of these recommendations see Section **Error! Reference source not found.**

<b>General care and Support</b>	
<input type="checkbox"/>	Instrumentation: endotracheal tube, nasogastric tube, urinary catheter, multilumen central line, arterial line, large peripheral intravenous line
<input type="checkbox"/>	Monitoring: ECG, pulse oximetry, intra-arterial pressure, core temperature, urine output (hourly)
<input type="checkbox"/>	Routine investigations: CXR, ECG, blood group, coag
<input type="checkbox"/>	Regular blood testing: FBC, ABG, U&Es, LFTs q6h and as necessary
<input type="checkbox"/>	Review all medications; cease unnecessary orders
<input type="checkbox"/>	Maintain core temperature 36–38°C
<input type="checkbox"/>	Eye care, mouth care and all other nursing cares
<b>Respiratory support</b>	
<input type="checkbox"/>	Aim for $S_pO_2$ 92–97% by $F_iO_2$ and PEEP adjustment (minimum PEEP 5cm $H_2O$ )
<input type="checkbox"/>	Aim for $P_aCO_2$ 35–45 mmHg by ventilator adjustment (TV 6–8mL/kg ideal body weight, plateau pressure <30 mmHg)
<input type="checkbox"/>	Regular turns from side to side; elevate head of bed
<input type="checkbox"/>	Regular tracheal suctioning, chest physio and lung recruitment after suctioning; bronchoscopy as required
<b>Cardiovascular support</b>	
<input type="checkbox"/>	Ensure patient is neither hypovolemic nor fluid overloaded
<input type="checkbox"/>	Aim for MAP 70–100 mmHg, good peripheral perfusion
<input type="checkbox"/>	Aim for urine output ~1 mL/kg/hr (range 0.5–3 mL/kg/hr)
<input type="checkbox"/>	Commence noradrenaline or vasopressin infusion for hypotension
<input type="checkbox"/>	If inotropic support, such as dobutamine, adrenalin or milrinone, is contemplated, consider further cardiac assessment or output monitoring
<b>Fluids and metabolic management</b>	
<input type="checkbox"/>	Give maintenance fluid as free water e.g. glucose 5% 1mL/kg/hr, continue NG feeding or TPN, insulin infusion to keep blood glucose <15 mmol/L
<input type="checkbox"/>	Maintain urine output between 0.5 and 3 mL/kg/hr
<input type="checkbox"/>	If polyuric >300 mL/hr assume diabetes insipidus and immediately give desmopressin and/or commence vasopressin infusion
<input type="checkbox"/>	If Na >150 mmol/L give additional free water
<input type="checkbox"/>	Aim for Hb >70g/L