

إستمارة تشخيص و توثيق الوفاة باستخدام المعايير الدماغية
Death Documentation Form by Brain Function Criteria

Name: _____ الاسم: _____
 Age: _____ العمر: _____ Sex: _____ الجنس: _____ Nationality: _____ الجنسية: _____ BLOOD GROUP: _____ فصيلة الدم: _____
 Hospital: _____ المستشفى: _____ Date of Admission: _____ تاريخ الدخول: _____

FIRST EXAM	الفحص الأول	إستشاري أول Consultant A	إستشاري ثاني Consultant B
I. <u>PRECONDITIONS: الشروط الأولية</u>			
1. It is absolutely certain that irremediable brain damage has occurred due to _____			
2. More than six hours have passed since the initial insult.			
3. Coma with no spontaneous respiration.			
II. <u>EXCLUSIONS: أسباب ينبغي استبعادها</u>			
1. Hypothermia (core temperature < 34°C)			
2. Sedation (blood test or hospital record should indicate absence of significant levels of sedative drugs or muscle relaxants).			
3. Untreated cardiovascular shock.			
4. Significant metabolic or endocrine causes of coma.			
III. <u>CLINICAL ASSESSMENT: التقييم السريري للجهاز العصبي</u>			
1. Lack of response to stimulation (Spinal reflexes excepted).			
2. Absence of brain stem reflexes:			
a. Pupils to light			
b. Corneal			
c. Oculocephalic			
d. Oculovestibular (50 ml. of ice-cold water at 0°C in adults, 20 ml. in children)			
e. Gag			
f. Cough			

FIRST EXAM	Date/التاريخ	Time/الوقت	Name/الاسم	Signature/التوقيع
Consultant A				
Consultant B				

Confirmatory Test: One of the following tests should be done after the above mentioned criteria are fulfilled : فحوصات تأكيدية

EEG	Flat []	Date:	Signature
Absence of Brain circulation evidenced by either:-cerebral angiogram [] -radionuclide angiography [] -Transcranial doppler []	No Flow []	Date:	Signature

Note: Recommended time interval between first and second examinations in various age groups

Adults minimum of 6 hours	** Infants (above 60 days – 1 year) 24 hours
Children (above one year) 12 hours	** neonate (7 days – 60 days) 48 hours
One EEG at end of first exam	** Two separated by the mentioned time interval

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SECOND EXAM	الفحص الثاني	إستشاري أول Consultant A	إستشاري ثاني Consultant B
I. <u>PRECONDITIONS:</u> الشروط الأولية			
1. It is absolutely certain that irremediable brain damage has occurred due to: _____			
2. Appropriate time have passed between the first and second examination.			
3. Coma with no spontaneous respiration.			
II. <u>EXCLUSIONS:</u> أسباب ينبغي استبعادها			
1. Hypothermia (core temperature < 34°C)			
2. Sedation (blood test or hospital record should indicate absence of significant levels of sedative drugs or muscle relaxants).			
3. Untreated cardiovascular shock.			
4. Significant metabolic or endocrine causes of coma.			
III. <u>CLINICAL ASSESSMENT:</u> التقييم السريري للجهاز العصبي			
1. Lack of response to stimulation (Spinal reflexes excepted).			
2. Absence of brain stem reflexes:			
a. Pupils to light			
b. Corneal			
c. Oculocephalic			
d. Oculovestibular (50 ml. of ice-cold water at 0°C in adults, 20 ml. in children)			
e. Gag			
f. Cough			

IV. APNEA TEST. (Body temperature $\geq 36.5^{\circ}\text{C}$) Performed as per Saudi Protocol and is compatible with death by brain function criteria. YES

	Date/التاريخ	Time/الوقت	Name/الإسم	Signature/التوقيع
Consultant A				
Consultant B				
Hospital Director or Deputy				

ختم المستشفى Seal of the Hospital