

**CENTRAL IOWA HEALTH SYSTEM
GRADUATE MEDICAL EDUCATION COMMITTEE**

POLICY ON DEATH DETERMINATION

The Graduate Medical Education Committee has adopted the UnityPoint Health - Des Moines Death Determination Policy (Policy: UPHDM009) as the Graduate Medical Education Committee policy on death determination. The most current copy of this policy can be found on the intranet under the DocuCenter link.



I. PURPOSE

To provide current guidelines, in accord with the Uniform Determination of Death Act for the determination of death in an individual. To provide guidelines for who can pronounce death and to outline the procedure for determination of death.

II. POLICY

It is the policy of UnityPoint - Des Moines (UPHDM) that we comply with all applicable laws regarding determination of death, including brain death. Our policy is that we allow physicians on staff, residents and nurses to determine death, each under specific circumstances.

II. DEFINITIONS

- A. Death: An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brainstem, is dead. A determination of death must be made in accordance with accepted medical standards.
- B. Child: Birth to 18 years of age.

III. PROCEDURE

A. General Procedures for Circulatory and Respiratory Death:

1. When a patient dies on a designated teaching service, residents are expected to pronounce death.
2. For non-teaching patients, the attending physician will be called to come and determine death.
3. In certain cases of an anticipated death, the attending physician may ask the nurse designee to pronounce death.
4. The patient's identity must be confirmed and the time the patient was pronounced dead (legal time of death) must be documented.
5. When a resident or nurse designee accepts responsibility to pronounce a patient dead, the attending physician must be consulted regarding the following: the cause of death on the Report of Death, both primary and secondary causes; clarify who will contact the family/next of kin; whether or not to request an autopsy; who will make the request for autopsy, if needed.

6. All deaths must be referred to Iowa Donor Network (IDN) as dictated by federal and state law. Refer to policy UPHDM Policy #006 for detail about organ donation policies and procedures.
 7. IDN will, in appropriate circumstances, discuss the possibility of organ and tissue donation with the patient's family prior to pronouncement of death.
 8. There are certain deaths that must be reported to the Medical Examiner who determines whether an autopsy is required. When a death is likely to be reported to the Medical Examiner, it is essential that IV lines, tubes, traction, etc., are not removed until the Medical Examiner gives such authorization. Additionally, the body should not be manipulated unnecessarily with procedures such as hand molding until after the Medical Examiner has given authorization. Refer to UPHDM Policy #010 for detailed policy and procedures.
 9. The legal death certificate will be prepared at the funeral home and then sent to the attending physician of record for completion.
- B. Procedures specific to determination of Brain Death:
1. General Procedures for Adults, Children, and Neonates:
 - a. Two physicians must independently determine and confirm that brain death has occurred. The attending physician, or the on-call partner of the attending physician, will be responsible for one determination. The second evaluation and determination will be the responsibility of one of the consulting physicians, preferably neurology if previously consulted. A resident may not make a determination of brain death.
 - b. The form, "Physician Checklist: Brain Death Diagnosis", will be used to document each physician assessment for brain death. All diagnostic criteria listed on the form should be assessed, unless medically contraindicated. The form will be filed under the "Progress Notes" tab and become part of the permanent record.
 - c. An ancillary test is not mandatory, but is desirable in patients whose clinical test results cannot be relied upon or in patients where clinical testing cannot be performed adequately. These ancillary tests might include:
 1. Electroencephalography
 2. Cerebral angiography
 3. Transcranial Doppler Sonography
 4. Cerebral Scintigraphy (Technetium Tc99mHexametazine (HMPAO))
 - d. Determine that coma has a known cause and is irreversible.
 - e. Correct hypotension, hypothermia, and metabolic disturbances that could affect neurological examination:
 1. Core body temperature over 95 degrees F (35 degrees C).
 2. Systolic blood pressure or MAP in acceptable range (systolic BP not less than 2 standard deviations below age appropriate norm) based on age.
 - f. Sedatives, analgesics, neuromuscular blockers and anticonvulsant agents should be discontinued for a reasonable time period based on elimination half-life of the agent. Blood or plasma levels should be in the low to mid-therapeutic range. If uncertainty remains, ancillary study should be performed.
 - g. The patient should be pronounced dead before disconnecting the ventilator.

- h. In cases of brain death, the physician should inform the patient's family, or legally authorized representative of the determination of death and the need to discontinue all treatment. Once the patient is pronounced dead and the time of death has been established, medical treatments will only be continued if the patient's family wishes to pursue organ donation possibilities.
- 2. Variation in criteria with Infants and Children:
 - a. Two neurologic examinations are performed by two different physicians (non-residents) involved in the care of the child. An apnea test is required with each examination and may be performed by the same physician. Each examination is separated by an observation period. Recommended observation periods:
 - b. 24 hours for neonates (37 weeks gestation to term infants 30 days of age).
 - c. 12 hours for infants and children (>30 days to 18 years.)

Other related policies:

UPHDM Policy #003 Adult and Pediatric Code Blue

UPHDM Policy #006 Organ/Tissue Donation in case of Brain Death

UPHDM Policy #010 Medical Examiner Notification of death

Relevant Law:

Iowa Code: Chapter 142 C (Uniform Anatomical Gift Act): Chapter 144A (Life Sustaining Procedures)

Federal Law: Uniform Determination of Death Act