Bridging the Gap Between Brain Death Testing and Determination

A Gap Analysis to Recognize Confounders and Clinical Issues During Brain Death Testing

Use the following scales to evaluate how knowledgeable your unit is about brain death assessment, including serial assessment and apnea testing, in light of confounders and movements that may occur after brain death.

1. How frequently do you and your unit colleagues review your practices regarding the determination of brain death?

| Never | Always |

Need help getting there?
- Review the unit education plan to evaluate the frequency of education around brain death testing.
- Identify hospital policy and procedure that govern brain death testing for your institution.
- Evaluate current understanding of the brain death testing process among the staff on the unit.
- Develop a plan for unit debrief when brain death testing has occurred for a patient on your unit.

Resources:
- Tools and Tactics
- AACN webinar: Brain Death: Confounders, Testing, and Clinical Issues
- Guidelines for Apnea Testing as Part of Brain Death Determination
- Glasgow Coma Scale
2. How frequently do you and your unit colleagues care for patients requiring the use of assessments such as the Glasgow Coma Scale, Guidelines for Apnea Testing, and/or adjunctive neurodiagnostic testing?

Never | Always

Need help getting there?
- Evaluate the data about deaths that occur on your unit and the frequency of diagnosis of death using neurologic criteria.
- Involve the interprofessional team in education regarding the process of brain death testing and confounders.
- Provide tools that can be readily available for when the process of brain death testing is implemented.
- Collaborate with providers to identify gaps in plans of care that could inform the course of action with potential organ donors.

Resources:
- Tools and Tactics
- Timeline of Events: Traumatic Brain Injury to Organ Recovery
- Reflex Testing Assessments
- Glasgow Coma Scale
- Guidelines for Apnea Testing as Part of Brain Death Determination
- Brain Death: Assessment, Controversy, and Confounding Factors article
- AACN webinar: Saving a Life: Caring for the Potential Organ Donor
- AACN webinar: Brain Death: Confounders, Testing, and Clinical Issues
3. How frequently do you and your unit colleagues identify and communicate about confounders and address potential false readings during serial assessment, apnea testing, and neurophysiologic and electrophysiologic diagnostics?

| Never | Always |

Need help getting there?
- Collaborate with the interprofessional team to develop a communication plan for family members of patients undergoing brain death testing.
- Consider developing a standard method for communicating care goals to family members.
- Identify the roles of all stakeholders in the communication process with families.
- Institute a mechanism for frequent huddles with stakeholders to clarify care plans and progress toward goals. Include family as members of the team during huddles.
- Include social work, spiritual care providers, and other supportive services to help clarify communication and support needs of family members.

Resources:
- Tools and Tactics
- Glasgow Coma Scale
- Guidelines for Apnea Testing as Part of Brain Death Determination
- AACN webinar: *Brain Death: Confounders, Testing and Clinical Issues*