

CHS96 Confirm a patient's death by brain stem testing

OVERVIEW

This standard covers the process of determining that a patient is brain stem dead, once the preconditions to testing for brain stem death have been satisfied. Testing is a process carried out twice, and in the second instance at least is likely to be observed by members of the patient's family. It involves maintaining the dignity of the patient and great sensitivity to the needs of the family. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. Anatomy and physiology of the human body
2. Psychological care skills
3. Legal, ethical and consent issues for organ and tissue donation for transplantation and research
4. Issues of maintenance of patient confidentiality in the critical care and donation contexts
5. Evidence of beliefs about donation and transplantation among informed and uninformed religious and cultural groups (e.g. typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
6. Anatomy and physiology of brain stem death
7. Guidelines for performing brain stem death tests (e.g. UK Code of Practice, Department of Health 1998)
8. Recommendations of the ICS Working Group on Organ Donation regarding observation for apnoea
9. Preconditions to testing for brain stem death
10. Reversible causes of coma
11. Clinical tests for brain stem death (inc. absence of brainstem reflexes confirmed by absence of papillary response to light, corneal reflex, vestibulo-ocular reflex, motor response to supraorbital pressure, gag reflex, cough reflex, respiratory movement when the patient is disconnected from the ventilator - consistent with the UK Code of Practice for the diagnosis of brain stem death and the recommendations of the ICS Working Group on Organ Donation)
12. Legal definitions of death
13. Procedures for certification of death
14. Clinical management of a potential heart beating donor

- 15.How to support an organ donor (e.g. cardiovascular support, endocrine support, respiratory support, renal support, haematological support, temperature support)
- 16.Local protocols and guidelines for the administration of drugs and fluids in dying patients
- 17.How to break bad news
- 18.How to explain brain stem death
- 19.UKT family care protocol
- 20.Psychology of altruistic action
- 21.Beliefs about death and dying
- 22.Sources of on-going support to families of organ donors at the time of donation
- 23.Roles of other members of the multidisciplinary team
- 24.How to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- 25.The importance of establishing rapport and how to do so
- 26.How to ask questions, listen carefully and summarise back
- 27.The importance of encouraging individuals to ask questions and how to do so
- 28.The religious beliefs of different cultures
- 29.The effects of different cultures and religions on care management
- 30.The importance of involving individuals in discussions, and how to do so
- 31.How to negotiate effectively with individuals, families and other professionals
- 32.The principles of evidence-based practice, and how to apply them
- 33.How to explain difficult subjects in an emotional context

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.ensure that preconditions for brain stem death have been satisfied or delay testing until they are (preconditions: irreversible brain damage of known aetiology, in a coma of known aetiology and reversible causes of coma excluded, the patient is apnoeic and mechanically ventilated)
- 2.ensure that the family have already had explained, and understand, that it is likely that their relative is dead
- 3.explain to the family what is to take place and the way in which it removes any remaining uncertainty that the patient is dead (e.g. that the testing follows the satisfying of the preconditions, how the tests work)
- 4.enable those family members who wish it to see and be with the patient during the tests and ensure that there is immediate support should they become distressed
- 5.test for destruction of brain stem components in a way consistent with the UK Code of Practice for the diagnosis of brain stem death and the recommendations of the ICS Working Group on Organ Donation (inc. absence of brainstem reflexes confirmed by absence of papillary response to light, corneal reflex, vestibulo-ocular reflex, motor response to supraorbital pressure, gag reflex, cough reflex, respiratory movement when the patient is disconnected from the ventilator)
- 6.explain to family members who are present what each test achieves and assure them that the patient feels no pain
- 7.where family members become distressed or raise objections, respond in a way that

provides comfort and is consistent with maintaining their commitment to donation (e.g. developing the family's understanding rather than simply providing reassurance)

8.be respectful of the patient at all times (e.g. in the way in which they are handled and referred to)

9.record time of death as when brain stem death criteria were first met

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: HWB6 Assessment and treatment planning. This standard has replaced RenDD12