

G.1. Death due to primary brain damage: adults and children over 1 year old

**Protocol for the determination of death
due to primary brain damage (DBD)
for adults and children over 1 year old.**

This protocol must be kept at the patient's bedside (original).
After death, as an important document, it is to be filed in the
medical records (original or copy).

Patient's surname and first name:

Date of birth:

Patient identification no:

	Physician 1 Name, date, time, signature	Physician 2 Name, date, time, signature	Physician performing additional test Name, date, time, signature	Next step
1.1 Reversible (i.e. drug-related, toxic and/or metabolic) cause(s) ruled out				Proceed to 1.2
1.2 Core body temperature $\geq 35^{\circ}\text{C}$				Proceed to 1.3
1.3 No suspicion of CNS infection or cranial polyradiculitiss				Proceed to 1.4
1.4 Cause of cessation of brain function:				Proceed to 1.5
1.5 All clinical criteria including apnoea test are met (i.e. death diagnosed) = time of death If criteria cannot bet clinically assessed: Proceed to 1.7				If yes: proceed to 1.11 If no: proceed to 1.6
1.6 One or more clinical criteria are <u>not met</u>				Repeat examination and return to 1.5
1.7 One or more clinical criteria are <u>not evaluable</u> , or cessation of brain function is not adequately explained/reversible causes are not completely ruled out				Proceed to 1.8
1.8 Additional test performed:				Proceed to 1.9
1.9 Additional test shows cessation of cerebral circulation (i.e. result consistent with death; time of death)				If yes: proceed to 1.11 If no: proceed to 1.10
1.10 Additional test shows residual cerebral circulation				Additional test and return to 1.9

	Physician 1 Name, date, time, signature	Physician 2 Name, date, time, signature	Physician performing additional test Name, date, time, signature	Next step
1.11 Declared wish to donate (donor card, advance directive, etc.) available				If yes: proceed to 1.15 If no: proceed to 1.12
1.12 No declared wish to donate (donor card, advance directive, etc.) available				Proceed to 1.13
1.13 Consent obtained from relatives or trusted person				If yes: proceed to 1.15 If no: proceed to 1.14
1.14 Consent from relatives or trusted person not available				Proceed to 1.20
1.15 No medical contraindications exist (if necessary, in consultation with Swisstrans- plant or network centre)				If yes: proceed to 1.17 If no: proceed to 1.16
1.16 Medical contraindications exist (if necessary, in consultation with Swisstrans- plant or network centre)				Proceed to 1.20
1.17 Natural death				If yes: proceed to 2 If no: proceed to 1.18
1.18 Unnatural death (accident, suicide, violent crime): consent obtained from investigating authorities Name, Tel. no.				If yes: proceed to 2 If no: proceed to 1.19
1.19 Unnatural death: consent from investigating authorities not available Name, Tel. no.				weiter zu 1.20
1.20 Process terminated				

2 All requirements for organ and/or tissue removal are met			
---	--	--	--

G.2. Death due to primary brain damage: infants

Protocol for the determination of death due to primary brain damage (DBD)
for children aged 28 days to 1 year, or in the case of preterm infants, more than 44 weeks' postmenstrual age.

This protocol must be kept at the patient's bedside (original). After death, as an important document, it is to be filed in the medical records (original or copy).

Patient's surname and first name:

Date of birth:

Patient identification no:

	Physician 1 Name, date, time, signature	Physician 2 Name, date, time, signature	Physician performing additional test Name, date, time, signature	Next step
1.1 Reversible (i.e. drug-related, toxic and/or metabolic) cause(s) ruled out				Proceed to 1.2
1.2 Core body temperature $\geq 35^{\circ}\text{C}$				Proceed to 1.3
1.3 No suspicion of CNS infection or cranial polyradiculitis				Proceed to 1.4
1.4 Clear cause of cessation of brain function namely:				Proceed to 1.5
1.5 All clinical criteria including apnoea test are met. If criteria cannot be clinically assessed: Proceed to 1.8				If yes: proceed to 1.7 If no: proceed to 1.6
1.6 One or more clinical criteria are <u>not met</u>				Return to 1.5
1.7 After 24-hour observation period: All clinical criteria including apnoea test are met (i.e. death diagnosed) = time of death:				Proceed to 1.12
1.8 One or more clinical criteria are not evaluable, or cessation of brain function is not adequately explained/reversible causes are not completely ruled out				Proceed to 1.9
1.9 Additional test performed:				Proceed to 1.10
1.10 Additional test shows cessation of cerebral circulation (i.e. result consistent with death; time of death)				If yes: proceed to 1.12 If no: proceed to 1.11

	Physician 1 Name, date, time, signature	Physician 2 Name, date, time, signature	Physician performing additional test Name, date, time, signature	Next step
1.11 Additional test shows residual cerebral circulation				Return to 1.10
1.12 Consent obtained from parents (or legal representative)				If yes: proceed to 1.14 If no: proceed to 1.13
1.13 Consent from parents (or legal representative) not available				Proceed to 1.19
1.14 No medical contraindications exist (if necessary, in consultation with Swisstransplant or network centre)				If yes: proceed to 1.16 If no: proceed to 1.15
1.15 Medical contraindications exist (if necessary, in consultation with Swisstransplant or network centre)				Proceed to 1.19
1.16 Natural death				If yes: proceed to 2 If no: proceed to 1.17
1.17 Unnatural death (accident, suicide, violent crime): consent obtained from investigating authorities Name, Tel. no.				If yes: proceed to 2 If no: proceed to 1.18
1.18 Unnatural death (accident, suicide, violent crime): consent from investigating authorities not available Name, Tel. no.				Proceed to 1.19
1.19 Process terminated				

2 All requirements for organ and/or tissue removal are met			
--	--	--	--

G.3. Death after cardiac arrest: adults, children and infants

Protocol for the determination of death after permanent cardiac arrest (DCD; M1-4) for adults, children and infants over 28 days old.

This protocol must be kept at the patient's bedside (original). After death, as an important document, it is to be filed in the medical records (original or copy).

Patient's surname and first name:

Date of birth:

Patient identification no:

	Physician 1 Name, date, time, signature	Physician 2 Name, date, time, signature	Next step
M1 Death diagnosed immediately before/after admission to hospital			Proceed to 1.2
M2 No return of spontaneous circulation after resuscitation, which ... – was initiated no later than 30 minutes after cardiac arrest and – was continued in accordance with medical guidelines for at least 30 minutes			Proceed to 1.1
M3 Cardiac arrest within 120 minutes after planned withdrawal of treatment			Proceed to 1.1
M4 Cardiac arrest in patient previously diagnosed with cessation of cerebral function			Proceed to 1.2
1.1 Absence of cardiac activity in subxiphoid four-chamber view			Proceed to 1.2
1.2 Death diagnosed by clinical criteria (excluding apnoea test) after 5-minute permanent cardiac arrest (time of death for M1, M2, M3) → Not applicable for M4 (time of death is the time of diagnosis of irreversible cessation of cerebral function)			M1, M2, M4 Proceed to 1.3 M3 Proceed to 1.4
1.3 M1, M2 and M4: institution of medical measures for 72 hours at most			Proceed to 1.4
1.4 Patient's consent available (donor card, advance directive)			If yes: proceed to 1.6 If no: proceed to 1.5

	Physician 1 Name, date, time, signature	Physician 2 Name, date, time, signature	Next step
1.5 Consent from relatives or trusted person not available			Proceed to 1.10
1.6 No medical contraindications exist (if necessary, in consultation with Swisstransplant or network centre)			If yes: proceed to 1.7 If no: proceed to 1.10
1.7 Natural death			If yes: proceed to 2 If no: proceed to 1.8
1.8 Unnatural death (accident, suicide, violent crime): consent obtained from investigating authorities Name, Tel. no.			If yes: proceed to 2 If no: proceed to 1.9
1.9 Unnatural death (accident, suicide, violent crime): consent from investigating authorities not available Name, Tel. no.			Proceed to 1.10
1.10 Process terminated			
2 All requirements for organ and/or tissue removal are met			