

**CATASTROPHIC BRAIN INJURY GUIDELINES:
Prior to the declaration of brain death**

Statement of Purpose: The purpose of these guidelines is to provide medical direction for the physiologic maintenance of the patients with non-survivable brain injuries identified as a *potential* organ donor. Medical management of the potential organ donor following brain death declaration is provided by Lifesharing.

- Monitor VS q 1 hr, including CVP. All patients should have an arterial line and CVP if possible.
- Patients nearing brain death frequently develop severe hypothermia. Use warming blankets to maintain temperature >36C.
- Ventilator settings: Use lowest FiO₂ to maintain pO₂ >100, TV 10-12mL/kg of ideal weight, PEEP 5 cm H₂O. Try to normalize ABG, draw ABG q 24 hrs at minimum. Patients should be suctioned q 1 hr, and turned side to side q 1 hr if possible.
- IV solution: Maintenance of D 5 ½ NS with 20 meq KCL @ 150ml/hour. Monitor sodium level frequently. Additional free water may be necessary in these patients.
- Give 500 mL bolus of LR over 30 minutes as needed for CVP < 5 mmHg, to maintain SBP of 90 mmHg, or MAP 60 mmHg.
- Maintain hematocrit > 25 %.
- For hypotension, infuse dopamine drip to maintain SBP >90 or MAP >60 in patients that are euvolemic. If dopamine demand is > 10 mcg/min and patient is euvolemic, add neosynephrine drip to maintain SBP > 90 or MAP > 60.
- Monitor patient for signs and symptoms of diabetes insipidus. Use vasopressin drip to maintain urine output 100-300 ml/hr. Avoid using DDAVP as it is more difficult to titrate.
- Basic metabolic panel, CBC and ABG q 24 hours at minimum.
- Portable CXR q 24 hours, if possible.
- Electrolyte replacement as per ICU protocol.

Once the initial referral has been made to Lifesharing, please call the coordinator on call immediately at 1-888-4A-DONOR if:

- Potential donor becomes unstable
- Family decides to W/D support
- Brain death testing and/or discussion is initiated
- Family begins asking questions regarding donation
- Family begins making end of life decisions