

LAC+USC ASA 106-B Brain Death Declaration Competency Exam

I, Dr. _____ (print name) c# or e# _____

testify that I have read the attached syllabus and agree to abide by the policies, rules and regulations of the LAC+USC Medical Center.

Signature _____ **Date** _____

Questions regarding performance of the neurologic examination, confirmatory testing, or documentation for brain death can be directed to: Dr. Jeffrey Johnson (Chair of the Brain Death Committee) Department of Pediatrics, IRD 101 (323) 409-2318. Credentialing questions should be directed to: Attending Staff Office Jesús Ceja, CPCS, Director (323) 409-4040.

1. ***Etiologies consistent with a diagnosis of brain death include all EXCEPT:***
 - a. Hepatic failure
 - b. Mild hydrocephalus
 - c. Closed head injury
 - d. Cardiac arrhythmia
 - e. Drowning

2. ***Accepted techniques for testing the motor response to noxious stimulation in brain death examination include:***
 - a. Bringing the hand towards the face as if to strike it (visual threat).
 - b. Nail bed pressure
 - c. Pulling the hair
 - d. Shouting in the ear
 - e. Insertion of an 18-gauge needle into the supraorbital periosteum

3. ***A patient may meet “whole brain” criteria for brain death with:***
 - a. A spinal reflex response to noxious cutaneous stimulation
 - b. A gag on stimulation of the oropharynx
 - c. Extensor posturing
 - d. A blink response to corneal stimulation
 - e. All of the above

4. ***Confirmatory tests for Brain Death might include:***
 - a. Diagnostic Angiogram
 - b. Radionuclide flow study
 - c. Electroencephalogram
 - d. All of the above

5. ***The oculocephalic reflex is tested by:***
 - a. Turning the patient’s head quickly from side to side
 - b. Irrigating the tympanic membrane with ice water
 - c. Pushing gently on the eyeball through the closed lid
 - d. Shining a light in one eye and observing for constriction of the contralateral pupil

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6. ***Touching the cornea with a wisp of cotton “Dolls eyes” found on testing of the oculocephalic reflex indicates absence of activity of the:***
- Cerebral cortex
 - Thalamus
 - Midbrain
 - Pons
 - Medulla
7. ***BOTH physicians signing a Brain Death Declaration of adults must:***
- Have a current California state medical license.
 - Perform a neurologic examination
 - Complete the LAC+USC Brain Death declarant competency process
 - Be from Neurology or Neurosurgery
 - A and C
 - A, B, and C
8. ***If a patient without a preexisting DNR order, has a cardiopulmonary arrest 7 minutes into the apnea test (pCO₂ on blood gas = 54 mmHg), the examiner should:***
- Do not resuscitate
 - Resuscitate and document that the patient was declared brain dead
 - Resuscitate and try the test again in 10 minutes with a shorter period of apnea
 - Resuscitate and document that the patient was too unstable to perform the test and that brain death determination based on clinical exam alone is not possible at this time
9. ***An unilateral pupillary defect due to ocular injury:***
- Should be documented on the Brain Death Declaration
 - Eliminates the validity of all parts of the brain death exam
 - Does not invalidate the diagnosis of brain death if the remainder of the clinical exam is diagnostic and confirmed by an approved ancillary study
 - Will interfere with testing for “doll’s eyes” (oculocephalic reflex)
 - A and C
10. ***The interval between Brain Death Declarations of adults must be at least:***
- 0 hours
 - 1 hour
 - 2 hours
 - 4 hours
 - 6 hours