

## Catastrophic Brain Injury Pathway - Stabilisation for Brainstem Death Testing

- |   |        |
|---|--------|
| • Do you suspect brain stem death?                    | Yes/No |
| • Are pupils fixed and dilated and GCS 3/15?          | Yes/No |
| • Is the patient apnoeic (not triggering ventilator)? | Yes/No |
| • Are cough and gag reflexes absent?                  | Yes/No |

If 'Yes' to all of above questions please commence the following checklist.

Date&Time CBI Started .....Date&Time SN-OD called.....

**Ensure all sedation is switched off.**

### Ventilation

**Targets:** pO<sub>2</sub> 8-14 kPa  
pCO<sub>2</sub> 5-6.5kPa

**Additional Actions:**

- Sit up the patient at an angle of approx 30° - 45° and turn 3hrly
- Recruitment manoeuvre by medical team to optimise lung ventilation
- (eg.CPAP mode 25-40 cmH<sub>2</sub>O for 30-50 seconds)
- Set PEEP 8-10 cm H<sub>2</sub>O
- Lung Protective ventilation (TV 6-8mls/kg, Peak pressure ≤30cm H<sub>2</sub>O)
- Repeat recruitment manoeuvre if pO<sub>2</sub> ≤ 10.0kPa
- Review ventilation 2 hourly – repeat recruitment manoeuvre if deteriorating

### Circulation

- Insertion of Central Line
- Calibrated non-invasive cardiac output monitor
- Start cardiovascular algorithm (see below)

### Renal and Electrolytes

**Targets:**

- Urine output 0.5-2.5ml/kg/hr
- Na 135-150mmol/L
- K 4.0-5.5mmol/L
- Mg > 0.8mmol/L
- Ca ionised 1.0-1.3mmol/L

**Additional Actions:**

- If polyuria (>300mls/hr for 2 hours) ensure adequate volume replacement
- If DI, bolus DDAVP 0.5mcg - consider vasopressin infusion if not started
- If oliguria, despite optimisation of CVS, consider Dobutamine (additional inotrope)

### Hormones and Haematology

**Targets:**

- BM 4.0 – 9.0 mmol/L
- Hb ≥ 8g/dL, Plt > 50 x 10<sup>9</sup>/L
- INR < 2.0, APTTR < 1.5, Fib > 2.0g/L
- Temperature 35.5 – 37.5

**Additional Actions:**

- Start Insulin at one unit per hour and titrate to achieve BM control of 4-9mmol/L. If hypoglycaemia, continue Insulin and supplement with 20% dextrose – do not stop Insulin altogether
- Continue enteral feed at low volume (10-30mls/h)

Please note:

High MAP suggests that these patients are likely to be “coning”.

Dopamine and vasopressin are usually the preferred drugs (used in organ optimisation).

