

# Brain death in children

The following is based on [2011](#) guidelines <sup>1)</sup> that are endorsed by the Society of Critical Care Medicine, The Section for Critical Care and Section of Neurology of the American Academy of Pediatrics and the American College of Critical Care Medicine.

Key points:

- The diagnosis of brain death in term newborns, infants and children is a clinical diagnosis requiring absence of neurologic function and a known irreversible cause of loss of function.
- These guidelines are not supported for infants < 37 weeks gestational age because of insufficient data
- Ancillary tests are not required and are not a substitute for a correctly performed neurologic exam
- Two examinations that include apnea testing separated by an observation period is recommended
- Treat and correct conditions that can interfere with the neurologic exam, including hypothermia, hypotension, interfering drugs (high levels of sedatives, analgesics, paralytics, high doses of antiseizure medication), and metabolic disturbances

<sup>1)</sup>

Nakagawa TA, Ashwal S, Mathur M, et al. Guidelines for the determination of brain death in infants and children: an update of the 1987 Task Force recommendations. Crit Care Med. 2011; 39:2139-2155

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