

| Brain CT-scan at the time of Intensive Care to facilitate Organ Donation assessment                                                                                                                                                                                                                                                                     |
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| <b>Identification</b>                                                                                                                                                                                                                                                                                                                                   |
| <b>CIOD CODE:</b> _____                                                                                                                                                                                                                                                                                                                                 |
| <b>Etiology catastrophic brain damage HEAD CT SCAN</b>                                                                                                                                                                                                                                                                                                  |
| <b>1. CEREBRAL HEMORRHAGE: YES/NO</b> <i>(If yes, complete the following)</i>                                                                                                                                                                                                                                                                           |
| <b>1.2 Location</b> <i>(multiple answers admitted):</i> <ul style="list-style-type: none"> <li><input type="radio"/> Frontal</li> <li><input type="radio"/> Parietal</li> <li><input type="radio"/> Occipital</li> <li><input type="radio"/> Temporal</li> <li><input type="radio"/> Basal Ganglia</li> <li><input type="radio"/> Brain Stem</li> </ul> |
| <b>1.3 Volume:</b> _____ cc                                                                                                                                                                                                                                                                                                                             |
| <b>1.4 Extension to ventricles:</b> YES/NO                                                                                                                                                                                                                                                                                                              |
| <b>1.5 Basal cistern effacement:</b> YES/NO                                                                                                                                                                                                                                                                                                             |
| <b>1.6 Midline shift:</b> _____ mm                                                                                                                                                                                                                                                                                                                      |
| <b>1.7 Herniation:</b> YES/NO<br><b>Type:</b> <ul style="list-style-type: none"> <li><input type="radio"/> transtentorial</li> <li><input type="radio"/> subfalcine</li> <li><input type="radio"/> Cerebellar tonsil</li> </ul>                                                                                                                         |
| <b>1.8 Hydrocephalus:</b> YES/NO                                                                                                                                                                                                                                                                                                                        |
| <b>1.9 Fisher Scale</b> (if SAH):                                                                                                                                                                                                                                                                                                                       |
| <b>1.10 Optic Nerve Sheath Diameter</b><br>3 mm behind the globe: _____<br>10 mm behind the globe: _____                                                                                                                                                                                                                                                |
| <b>2. DIFFUSE BRAIN ISCHEMIA: YES/NO</b> <i>(If yes, complete the following)</i>                                                                                                                                                                                                                                                                        |
| <b>2.1 Location</b> <i>(multiple answers admitted):</i> <ul style="list-style-type: none"> <li><input type="radio"/> Frontal</li> <li><input type="radio"/> Parietal</li> <li><input type="radio"/> Occipital</li> <li><input type="radio"/> Temporal</li> <li><input type="radio"/> Basal ganglia</li> <li><input type="radio"/> Brian stem</li> </ul> |
| <b>2.2 Basal cistern effacement:</b> YES/NO                                                                                                                                                                                                                                                                                                             |
| <b>2.3 Midline shift</b> _____ mm                                                                                                                                                                                                                                                                                                                       |
| <b>2.4 Herniation:</b> YES/NO                                                                                                                                                                                                                                                                                                                           |
| <b>Type:</b> <ul style="list-style-type: none"> <li><input type="radio"/> transtentorial</li> <li><input type="radio"/> subfalcine</li> <li><input type="radio"/> Cerebellar tonsil</li> </ul>                                                                                                                                                          |
| <b>2.5 Hydrocephalus:</b> YES/NO                                                                                                                                                                                                                                                                                                                        |
| <b>2.6 Swelling:</b> YES/NO                                                                                                                                                                                                                                                                                                                             |

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|-------------------------------------------------------------------------------------------------------|
| <b>3. OTHER ETIOLOGIES: YES/NO</b> <i>(specify if applicable)</i>                                     |
| <b>3.1 Etiology:</b> _____                                                                            |
| <b>3.2 Herniation: YES/NO</b><br><b>Type:</b> ○ transtentorial<br>○ subfalcine<br>○ Cerebellar tonsil |
| <b>3.2 Midline shift:</b> _____mm                                                                     |
| <b>3.3 Basal cistern effacement: YES/NO</b>                                                           |
| <b>3.4 Swelling: YES/NO</b>                                                                           |
| <b>3.5 Hydrocephalus: YES/NO</b>                                                                      |
| <b>COMMENTS</b>                                                                                       |
|                                                                                                       |