Referral # or UNOS ID:	
Pt Name:	_
Date/time:	_
Hospital:	_
Submitted by:	



DCD Evaluation Guidelines

Admission Course/PMH:
Step 1: Select applicable choice(s):
Currently on vasopressors: YES / NO Which medications and what doses:
Last complete neuro assessment:
Corneal reflex: YES/ NO
Cough reflex: YES / NO
Gag reflex: YES/ NO
Pain response? YES/ NO
GCS:
Step 2: Patient vital signs at time of evaluation:
Blood pressure: Pulse: Temp:
Height: Weight: BMI:
Step 3: Respiratory status: Breathing over vent: YES/ NO If so, respiratory rate: Tidal volume: O2 saturation: Mean Airway Pressure: Ventilator settings: Mode: Rate: Fi02:% PEEP: CPAP/Pressure: Oxygen Index = Fi02 x Mean Airway Pressure x 100 = PaO2
Step 4: Sedation:
Patient currently on sedation drip? Y / N If so, medication name & dosage:
Patient receiving any PRN sedation? Y / N If so, medication name and last dose:

Points Calculation:

Absent Corneal: +1
Absent Cough: +2

Extensor or absent motor response to pain: +1

Oxygen Index >3.0: +1

Probability Chart:

Absent Corneal Reflex	Absent Cough Reflex	Extensor or Absent Motor Response	Oxygenation Index >3.0	Score	Probability
+1	+2	+1	+1		
No	No	No	No	0	0.08
No	No	No	Yes	1	0.16
Yes	No	No	No	1	0.18
No	No	Yes	No	1	0.20
No	Yes	No	No	2	0.26
Yes	No	No	Yes	2	0.34
No	No	Yes	Yes	2	0.37
Yes	No	Yes	No	2	0.40
No	Yes	No	Yes	3	0.45
Yes	Yes	No	No	3	0.48
No	Yes	Yes	No	3	0.51
Yes	No	Yes	Yes	3	0.61
Yes	Yes	No	Yes	4	0.68
No	Yes	Yes	Yes	4	0.71
Yes	Yes	Yes	No	4	0.74
Yes	Yes	Yes	Yes	5	0.87

Step 5: Complete after ruled in or out for DCD:

	Total Points and Probability:
	Ruled out for DCD? Yes/ No
	If yes, why and who:
	Extubation date/time:
	CTOD:
	Died in 60 min of extubation? Yes/ No
	Medications given for extubation:
Other information:	