

# 國軍高雄總醫院

## Kaohsiung Armed Forces General Hospital

### 腦死判定檢視表 Check List for Brain Death

姓名：男 ☐  
 生日：女 ☐  
 病床號：  
 身分證號：

目	第一次測試			第二次測試		
	日期(D)	時間(T)	體溫(°C)	日期(D)	時間(T)	體溫(°C)
在相關的方格內打“✓” Mark with “✓” in the relevant box 1. 完全符合先決條件 All the preconditions have been fulfilled 2. 完全排除可逆性的昏迷 All the possible causes of reversible coma have been excluded	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	
3. 觀察時間 Duration of observation period 兩次測試間隔時間 Interval between two tests	<div style="display: flex; justify-content: space-between;"> <span>_____ 時 Hours _____ 分 Minutes</span> <span>_____ 時 Hours _____ 分 Minutes</span> </div>					
4. 確認下列情形 The following conditions ascertained (A)昏迷指數三分 Glasgow Coma Scale scored 3 (B)依賴人工呼吸器 Depends on ventilator (C)無下列徵象 Absence of the following signs (1)自發動作 Spontaneous movements (2)去皮質或去大腦之異常身體姿勢 Decorticate or decerebrate abnormal postures (3)癲癇性抽搐 Epileptic jerking	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>		是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	
	無 Absent <input type="checkbox"/>	有 Present <input type="checkbox"/>		無 Absent <input type="checkbox"/>	有 Present <input type="checkbox"/>	
5. 「判定性」腦幹反射測試 Brainstem reflexes (A)若某些項目無法測試，明述其理由 If some items cannot be tested, state the reasons						
(B)確認腦幹反射消失 Absence of brainstem reflexes ascertained (1)頭、眼反射 Oculocephalic reflex (2)瞳孔對光反射 Pupillary light reflex (3)眼角膜反射 Corneal reflex (4)前庭、動眼反射 Vestibulo-ocular reflex (5)對身體任何部位之疼痛刺激，在顱神經分佈區範圍內引起運動性反應 Motor response within the cranial nerve distribution in response to adequate stimulation of any somatic area (6)插入導管刺激支氣管時，引起作嘔或咳嗽之反應 Gag reflex or reflex in response to bronchial stimulation by a suction catheter passed down the trachea	消失 Absent <input type="checkbox"/>	保留 Present <input type="checkbox"/>	無法判定 Uncertain <input type="checkbox"/>	消失 Absent <input type="checkbox"/>	保留 Present <input type="checkbox"/>	無法判定 Uncertain <input type="checkbox"/>
6. 測試無自行呼吸 (1)由人工呼吸器供應 100% 氧氣 10 分鐘 Preoxygenate with 100% O <sub>2</sub> for 10 minutes (2)給予 95% 氧氣加 5% 二氧化碳 5 分鐘使測試前動脈血中 PaCO <sub>2</sub> 達到 40 mmHg 以上 Administer 5% CO <sub>2</sub> in 95% O <sub>2</sub> for 5 minutes to ensure pre-testing PaCO <sub>2</sub> of 40 mmHg (3)取除人工呼吸器，並由氣管內管供應 100% 氧氣，每分鐘供應 6 公升 Disconnect the ventilator and insufflate the trachea with 100% O <sub>2</sub> at 6L/min through the intratracheal catheter passed to the carina (4)觀察 10 分鐘，並檢測動脈血中氣體以確定最後血中 PaCO <sub>2</sub> 達 60 mmHg 以上 Maintain disconnection for 10 minutes and check arterial blood gas to ensure final PaCO <sub>2</sub> over 60mmHg (5)確認病人無法自行呼吸 Absolute apnea ascertained	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	無法判定 Uncertain <input type="checkbox"/>	是 Yes <input type="checkbox"/>	否 No <input type="checkbox"/>	無法判定 Uncertain <input type="checkbox"/>
7. 輔助測試 Ancillary test (下列情況為之)： (1)無法完成神經學檢查或無自行呼吸測試 Unable to complete neurologic examination or apnea testing (2)不能確定神經學檢查或無自行呼吸測試結果 Uncertain results	<div style="display: flex; justify-content: space-between;"> <span>是 Yes</span> <span>否 No</span> </div> <div style="display: flex; justify-content: space-between;"> <span>腦波 EEG：腦電靜止 Eletrocerebral silence</span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>腦血流 CBF(方法 method: _____)：無大腦灌注 No cerebral perfusion</span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>其他(Others): _____</span> <span><input type="checkbox"/></span> <span><input type="checkbox"/></span> </div>					
<div style="display: flex; justify-content: space-between;"> <span>判定醫師姓名 簽名 Signature (專科證書字號)</span> <span>年 月 日 時 分 Date and Time</span> </div> <div style="display: flex; justify-content: space-between;"> <span>第一次測試 1. _____ ( )</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2. _____ ( )</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>第二次測試 1. _____ ( )</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2. _____ ( )</span> <span>_____</span> </div>						