J.R. is a 28-year-old man who is doing home repairs. He falls from the top of a 12-foot stepladder, striking his head on a large rock. His wife sees him fall and runs to help. J.R. is moaning his head hurts – then loses consciousness. By the time EMS arrives, he has a large hematoma over the right temporal area and does not respond to pain. Upon arrival to the ED, J. R. is intubated and his respirations are being assisted with a BVM with 100% oxygen, he is immobilized on a spine board with a C-collar in place, and a large bore IV in the left antecubital with 0.9% normal saline infusing at 75 ml/hr (IV fluids should not be infused in large quantities, but infused at a lower rate in patients for whom head injury is the only problem).

As J.R. is being transferred onto the ED gurney, he begins to exhibit decerebrate posturing. Upon exam, J.R. remains unresponsive to painful stimuli, the right pupil is fixed and dilated, he is not moving his extremities, and his vital signs are: B/P 70/20, P-48- R-per BVM. No other injuries are identified. Paramedics report he had minimal respiratory effort on scene and had a GCS of 5. Also, they report that J. R.’s wife and parents were on scene and will be arriving soon.

1. List at least five components of a neurologic examination. [k]

2. What is the significance of the dilated and fixed pupil on the right?

3. What is the clinical significance of decerebrate posturing?

4. What orders can you expect to help decrease J.R.’s ICP - Intracranial Pressure?
The neurosurgeon explains to J. R.’s wife and parents that his condition is critical and explains that based on his sx, they suspect an epidural bleed which requires emergency surgery. J. R.’s wife tells the neurosurgeon that if anything should happen, J. R. wanted his organs donated. J. R. is transported immediately to surgery for an emergent craniotomy. During surgery, the epidural bleed is addressed, and it is determined that J.R. also has diffuse intracerebral bleeding and is transferred to ICU. He remains in the ICU on a mechanical ventilator with multiple medications to keep his heart beating. However, extensive medical tests have determined conclusively that he is brain dead. The physical exam on J. K. reveals: Pupils non reactive to light, absence of spontaneous respirations, absence of corneal, gag and cough reflexes, physician exam also verifies brain death (oculocephalic (doll’s eye) and caloric induced eye movements are positive for brain death). *(Refer to Organ Donation Key points)*

4. Who should notify the organ procurement agency?

5. Identify what two forms *(form #s/names)* must be completed for organ donation.

6. Where are these forms located on the Memorial Intranet?

7. Identify the agency that will facilitate the organ donation process.

8. Who will determine if J.K.’s solid organs are suitable for donation?

9. In the case of J.K., who is responsible for completing either a written consent or a witnessed telephone consent with the family?

10. In the case of J.K., identify what is considered his time of death and where will his body be transported for the organ retrieval process?