



0900000

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

POST-APNEA TEST REPORT

Date of Report _____ Time of Report _____ Time Test Initiated _____

Name of Physician Present During Test _____

ARTERIAL BLOOD GAS RESULTS

Time Drawn _____ Time Drawn _____ Time Drawn _____ Time Drawn _____

pH _____ pH _____ pH _____ pH _____

PaCO2 _____ PaCO2 _____ PaCO2 _____ PaCO2 _____

PaO2 _____ PaO2 _____ PaO2 _____ PaO2 _____

HCO3 _____ HCO3 _____ HCO3 _____ HCO3 _____

BE/D _____ BE/D _____ BE/D _____ BE/D _____

ATTACH EKG/AIRWAY PRESSURE TRACING ON BACK SIDE OF THIS FORM

Time Test Terminated _____

Reason Test Terminated _____

Adequate Test

- Patient began to breathe — **NOT consistent with brain death**
- Patient failed to breathe with PaCO2 > 60mmHg & pH < 7.30 & ⊕5 minutes elapsed — **Consistent with brain death**

Inadequate Test: Recommend — address reversible causes and repeat test, or pursue alternative confirmatory tests (i.e., conventional angiography, EEG, nuclear angiogram . . .)

- SpO2 fell below 88%
- PaO2 fell below 60mmHg
- Hemodynamic instability

Post Apnea Test Respiratory Support _____

Comments _____

Signature/Title _____