

DEATH DETERMINATION BY CIRCULATORY CRITERIA (DCC)

Unique identifier number: _____

Cause of death: _____

Start time of the 5 min observation period: _____ : _____
hh:mm

CONFIRMATION OF DEATH BY CIRCULATORY CRITERIA		
Date and time of death (end of the 5 min observation period):	_____ : _____ YYYY-MM-DD hh:mm	
Site:	_____	
	1st Declaring physician	2nd Declaring clinician
Clinician's name (print):	_____	_____
Permit number:	_____	_____
Signature:	_____	_____

Physicians declaring death

- Physicians declaring death by circulatory criteria (DCC) must hold a full and current licensure for independent medical practice in the province of Quebec. Physicians in training (residents, fellows) can perform the **second determination of death**.
- Physicians must have the requisite skills, training, and knowledge of death determination processes and procedures.
- In the case of a DCC for organ donation, both physicians determining death must be independent of retrieval or transplantation teams.

Death determination by circulatory criteria

Death determination by circulatory criteria is made based on the absence of extracranial circulation that leads to the permanent absence of intracranial (brain) circulation.

- From the onset of cessation of circulation, at least one (1) physician must observe an absence of palpable pulse, blood pressure or heart rate and respiration for a continuous period of five (5) minutes.
- The five (5) minute observation period must be restarted if any signs returning circulation (autoresuscitation) are observed during this time.
- Declaration of death must be performed by two (2) physicians and documented by the absence of palpable pulse, blood pressure or heart rate and respiration until the end of this five (5) minute period.
- There must be no interventions to facilitate organ donation during the observation period ("no-touch" period).

Methods for death determination by circulatory criteria*

- The use of continuous invasive arterial blood pressure monitoring (arterial catheter) is recommended to confirm permanent cessation of circulation.
 - An arterial pulse pressure ≤ 5 mm Hg and within the error of measurement of clinical monitoring equipment is recommended to confirm permanent cessation of circulation for patients with an indwelling arterial catheter.
- When the use of invasive arterial blood pressure monitoring is not possible, the use of continuous electrocardiogram (ECG) monitoring is recommended. The isoelectric ECG confirms the permanent cessation of circulation.

* An alternative method of declaring death could be used after approval from the Organ Donation Medical Director of Transplant Québec or his/her delegate.

Ref.: A brain-based definition of death and criteria for its determination after arrest of circulation or neurologic function in Canada: a 2023 clinical practice guideline; Canadian Journal of Anesthesia / Journal canadien d'anesthésie, May 2nd 2023 (70, 483-557 (2023)) <https://link.springer.com/article/10.1007/s12630-023-02431-4#Abs1>