Apnea Testing in Accordance with
Lifebanc Guidelines

Please note this is a Lifebanc description of an apnea test. Most hospitals have their own policies regarding brain death pronouncement which will include a description of an apnea test and the specifications to which the hospital wishes employees to perform these tests. As a hospital employee, all policies regarding brain death pronouncement should be followed according to the facility at which you are employed.

1. Obtain baseline ABG. Always assure starting pH and PCO2 are within normal limits.
2. Pre-oxygenate with 100% O2 for 30 minutes prior to start of apnea test.
3. Disconnect patient from ventilator. Insert cannula or suction catheter at level just above carina with 10-12 lpm of O2 attached.
4. Always observe patient for any respiratory effort or hemodynamic instability.
5. If the patient is able to remain off of the ventilator for 10 minutes without taking a breath and has remained hemodynamically stable, obtain final ABG at 10 minutes post start time of test.
6. After final ABG is drawn place patient back on ventilator on previous settings.
7. A positive apnea test (or one which would indicate brain death), would mean the PCO2 needs to rise by 20 torr or result above 60 mmHg in conjunction with no spontaneous respirations.