**Patient Name:** TEST CRMC TEST PLEASE IGNORE  
**UNOS #:** ————  
**Tissue #:** ————  
**Donor Network West**  
12667 Alcosta Blvd, Suite 500  
San Ramon, CA 94583 US 925-480-3100

**BRAIN STEM REFLEXES**

<table>
<thead>
<tr>
<th>Key Dates</th>
</tr>
</thead>
</table>
| Clinical Triggers Met? | ————  
| Support Withdrawn Date-Time: | —/-/-/- —/-  
| GCS at Time of Withdrawal of Support: | —  
| Was Referral Timely For Organ Donation? | —  
| Arrival Date-Time: | —/-/-/- —/-  

<table>
<thead>
<tr>
<th>Reflexes Log</th>
</tr>
</thead>
</table>
| Date-Time: | —/-/-/- —/-  
| GCS: | ————  
| Pupillary Reaction: | —  
| Response to Iced Caloric: | —  
| Gag Reflex: | —  
| Cough Reflex: | —  
| Corneal Reflex: | —  
| Doll’s Eyes Reflex: | —  
| Response to painful stimuli: | —  
| Spontaneous respiratory effort: | —  
| Rooting Reflex: | —  
| Systolic BP > 90: | —  
| Was the patient sedated? | —  
| Was the patient hypothermic? | —  
| By Whom | —  
| Comment: | ————  

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**Date Generated:** 07/30/2018 14:36 PDT  
**Brain Stem Reflexes**  
**Page 1 of 1**  
**iTx Version #:** 2018.1.1.1  
**Last Updated:** —/-/-/- —/-  
**Staff Completing:**