

Patient Name: TEST CRMC TEST PLEASE IGNORE  
ABO: -----

UNOS #: -----  
Tissue#: -----  
Referral#: 18-08331

Donor Network West  
12667 Alcosta Blvd, Suite 500  
San Ramon, CA 94583 US 925-480-3100

## BRAIN STEM REFLEXES

### KEY DATES

Clinical Triggers Met?	-----	Clinical Triggers Met Date-Time:	--/--/---- --:--
Support Withdrawn Date-Time:	--/--/---- --:--	GCS at Time of Withdrawal of Support:	--
Was Referral Timely For Organ Donation?	--	Arrival Date-Time:	--/--/---- --:--

### REFLEXES LOG

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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