

3. Child must not be significantly hypothermic or hypotensive for age.
4. Flaccid tone and absence of spontaneous or induced movements, including spinal cord events such as reflex withdrawal or spinal myoclonus, should exist.
5. Examination should remain consistent with brain death throughout the observation and testing period.
6. Observation periods according to age:

37 weeks gestation to term infants 30 days old: Two separate examinations and two EEGs separated by at least 24 hours

Older than 30 days to 18 years old: Two separate examinations and two EEGs, separated by at least 12 hours

EEG, Electroencephalogram.

Modified from Nakagawa TA, Ashwal S, Mathur M, et al: Guidelines for the determination of brain death in infants and children: an update of the 1987 task force recommendations, *Pediatrics* 128:e720–e740, 2011.

Nursing Care Management

Nursing care depends on the child's condition. A child who survives may need intensive respiratory nursing care with attention to vital signs, mechanical ventilation or tracheostomy, blood gas determination, chest physiotherapy, and IV infusion. A child who has sustained a submersion injury requires the same care as an unconscious child. A difficult aspect in the care of the child victim of submersion injury is helping the parents cope with severe guilt reactions. Given the magnitude of the event, parents need repeated assurance that everything possible is being done to treat the child.

The parents of the child who is saved from death face the anxiety of not knowing the final outcome—to what extent will their child recover? This situation generates such intense feelings of loneliness