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weeks of age.Prior to the initiation of brain death examinations, and hyperthermia, hypotension, and electrolyte abnormalities should be treated as in adults. Medication that interferes with the apnea test or neurologic examination should be discontinued. The physical examination should be performed by 2 physicians. The apnea test can be performed by one physician. Observation Period The 2 examinations are separated by an observation period of:Twenty-four hours; for newborn up to 30 daysTwelve hours for infants and children older than 30 days to 18 years[18]The first examination determines if the child has met all the required criteria for brain death. The second examination is to confirm brain death based on the fact that the condition is irreversible.The assessment of neurological status after cardiopulmonary resuscitation or other severe injuries to the brain should be deferred for about 24 hours or longer if there are inconsistencies in the neurological examination.The protocol for the apnea test is the same as in adults. Certification of Brain Death A single physician with institutional privileges can certify brain death. If the question of organ donation arises, the state of New York requires that the brain death certification be done by the physician who attended to the patient at the time of death and another physician. Both physicians should confirm that the clinical evaluation meets an accepted medical standard.All the processes and phases involved in the brain death determination should be properly documented:The cause of irreversibility of coma and unresponsivenessThe absence of motor response to noxious stimuliThe absence of brainstem reflexes in 2 separate examinations separated by at least 6 hours.The absence of respiration with pCO greater than 60 mm HgThe rationale and justification for ancillary studies and confirmatory testA death certificate can be issued after the test is completed. Once a patient is declared brain dead, mechanical ventilation can be discontinued. However, the family should be treated with sensitivity and respect. Reasonable accommodation should be made for the families to come to terms with brain death. Institutional policies are usually put in place to address the issues and concerns family members might have during the process of certification of death based on brain death criteria.[19]Review QuestionsUS STANDARD DEATH CERTIFICATION Contributed by the Centers for Disease Control and Prevention, CDC (1.Breaux S, Perez CA. Pitfalls in the use of death certificates for assessing cause of death: a study of tonsil carcinoma patients. Am J Clin Oncol. 1984 Aug;7(4):375-80. [PubMed: 6377867]2.Klatf EC, Noguchi TT. Death certification. Purposes, procedures, and pitfalls. West J Med. 1989 Sep;151(3):345-7. [PMC free article: PMC1026895] [PubMed: 2588577]3.Pritt BS, Hardin NJ, Richmond JA, Shapiro SL. Death certification errors at an academic institution. Arch Pathol Lab Med. 2005 Nov;129(11):1476-9. [PubMed: 16253030]4.Smith Sehdev AE, Hutchins GM. Problems with proper completion and accuracy of the cause-of-death statement. Arch Intern Med. 2001 Jan 22;161(2):277-84. 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Ann Neurol. 2012 Apr;71(4):573-85. [PubMed: 22522447]19.Kotabagi RB, Chaturvedi RK, Banerjee A. Medical Certification of Cause of Death. Med J Armed Forces India. 2004 Jul;60(3):261-72. [PMC free article: PMC4923180] [PubMed: 27407646] Disclosure: Adebayo Adeyinka declares no relevant financial relationships with ineligible companies. Disclosure: Keneisha Bailey declares no relevant financial relationships with ineligible companies.