I. Purpose:

A. To establish criteria for the termination of resuscitation in the field.

B. To avoid unnecessary or prolonged resuscitation of persons for whom recovery is not possible or probable.

II. Authority:

A. Health and Safety Code, Division 2.5, Section 1798 and 7180. California Code of Regulations, Title 22, Division 9, Sections 100144, 100146, 100147, 100169

III. Policy:

A. EMS personnel may determine death but may not pronounce death.

B. All patients require an immediate and thorough medical evaluation.

C. EMS personnel may determine when to terminate interventions

1. Cardiac arrest patients receiving resuscitative effort who do not establish a perfusing rhythm may be pronounced in the field after Base Hospital Physician contact.
2. All pediatric patients must have Base Hospital Physician contact. Contact should occur early in the resuscitation.

IV. Procedure:

A. Must have:

1. Provided high quality CPR for 20 minutes total prehospital
2. Arrest was not witnessed by EMS personnel
3. No ROSC at any point
4. No shock delivered by AED or defibrillator
5. Advanced airway in place (including ET tubes, supraglottics, etc.)
6. Received 3 rounds of appropriate ALS medications
    a. A helpful, but not definitive value to consider is an EtCO2 <10 after prolonged resuscitation is a poor prognostic factor.
    b. BLS may contact Base Hospital Physician if ALS personnel are not able to reach the incident or make patient contact.

B. Traumatic TOR –

1. For blunt traumatic cardiac arrest, consider ICEMSA **Determination of Death in the Field Policy**.
2. For penetrating cardiac arrest:

a. Prioritize rapid transport if patient arresting within five (5) minutes of EMS arrival to the scene, AND if patient within ten (10) minutes of a receiving hospital.
b. Do not provide 20 minutes of resuscitation on scene with patients experiencing traumatic cardiac arrest, they should be transported immediately.

3. Consider termination of resuscitation if > 10 minute ETA to nearest hospital. EMS personnel shall contact Base Hospital Physician for pronouncement of death.
4. EMS personnel shall discontinue resuscitative efforts.
5. Contact law enforcement/coroner of the death.
6. Leave the body as it was found or last positioned during resuscitation.
7. Comfort and care for survivors, bystanders, and/or family members.
8. Provide PCR, rhythm strips, and/or other documentation for coroner.

V. Special Considerations:

A. Victims of electrocution, suspected drug overdose, lighting strike, hypothermia and drowning should have full resuscitative efforts begun and transported to hospital. Pronouncement of death requires Base Hospital Physician, unless obvious signs of death are present.
B. All patients in ventricular fibrillation should be resuscitated and transported unless otherwise determined by the Base Hospital Physician.
C. In case of radio communication failure, when dealing with unsuccessful resuscitation attempts, death may be determined under the Imperial County **Base Hospital Contact Policy**.
D. EMS personnel shall contact Base Hospital for "pronouncement of death", whenever the field application of these protocols is unclear or in question.
E. In any situation where there may be doubt as to the clinical findings of the patient, full resuscitative measures shall be initiated.
F. Special consideration regarding pediatric cardiac arrests:
    1. Following initial establishment of high performance CPR interventions (continuous compressions, ventilations, vascular access and epinephrine) base hospital contact should occur early in resuscitative efforts

VI. Documentation:

A. Required documentation for patients pronounced dead in the field include:

1. The time and criteria utilized to determine death: the condition, location, and position of the body, and any care rendered.
2. The location and the rationale if the deceased was moved. If the coroner authorized movement of the deceased, document the coroner's case number and coroner's representative who authorized the movement.
3. Time of pronouncement, name of the pronouncing physician, Base Hospital run number.
4. The name of the agent identified in the Advanced Health Care Directive or patient designated directive or the name of the immediate family member who made the decision to withhold or withdraw resuscitative measures. Obtain the responsible party's signature on the PCR.
5. If the deceased is not a coroner's case and their personal physician is going to sign the death certificate document the following:
    a. The name of the coroner's representative who authorized release of the patient
    b. The name of the patient's personal physician signing the death certificate
    c. Any invasive equipment removed

APPROVED:

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