# Determination of Death in the Field POLICY #4140

1. Emergency Medical Services (EMS) responding personnel (public safety personnel, fire department first responders, and emergency ambulance personnel) should use this policy to determine when to institute resuscitation, and when to stop resuscitative efforts.

2. EMS responding personnel may determine obvious death but may not pronounce death. Apparent field deaths not covered by this policy require Base Hospital physician consultation for a decision not to institute, or to cease, resuscitative efforts. This consultation with the Base Hospital should be initiated with a declaration such as, "Request for Base physician to discontinue CPR for apparent death in the field."

3. In multi-casualty incidents with limited resources available, triage decisions take precedence over the following policies and procedures.

4. These criteria should not be applied in cases of suspected hypothermia or suspected drug ingestion. Those cases require full resuscitation and Base Hospital contact.

5. CATEGORY I--Obvious death

   5.1 Pulseless, non-breathing patients with one or more of the following:

   -- Decomposition of body tissues.
   -- Total decapitation, incineration, separation or destruction of the heart or brain.
   -- Rigor mortis
   -- Post-mortem lividity

   Signs of death may be misleading. Rigor mortis can be mimicked by conditions causing increased muscle rigidity (e.g. Parkinson's disease, etc). Lividity is less reliable and requires an undressed patient. Loss of body heat is of no value in a cold environment, but has some value in a warm one. Poor hygiene may resemble "decomposition."

   5.2 Procedure

      5.2.1 Do not initiate CPR. Base contact is not mandatory.

      5.2.2 In patients meeting "rigor mortis," "post-mortem lividity",

and "traumatic cardiac arrest" criteria the airway should be opened for a 3D-second apnea check. Pulse should be checked on central blood vessel, e.g. carotid, femoral for 30 seconds. Heart sounds and respirations should be checked with stethoscope. Pupils should be checked through reaction of pupils to bright light.

5.2.3 If fire department first responders or emergency ambulance personnel are the first on scene they must remain until the arrival of public safety personnel. A copy of PCR Form must be left with the patient for the coroner.

5.2.4 Once the determination of obvious death has been made, cancel any other EMS responding personnel. Emergency ambulance personnel do not need to be on scene for determination of obvious death. Due to radio communications lag time, emergency ambulance personnel must perform and document a full patient assessment and complete a Patient Care Report (PCR) Form.

6. CATEGORY II--Not resuscitation candidate

6.1 Pulseless, non-breathing patients with one or more of the following:

-- Unwitnessed collapse (suspected >15 min without CPR) found by ALS or LALS personnel in asystole;

-- Unwitnessed collapse (suspected >15 min without CPR) found by EMT-D personnel to have a non-shockable rhythm;

-- Traumatic cardiac arrest. 6.2 Procedure

6.2.1 These are generally not candidates for resuscitation. Do not start CPR, unless doubt exists about length of down time, or other mitigating circumstances. May start resuscitation at your discretion.

6.2.2 Document complete patient history and evaluation on patient care record. Attach rhythm strip (with necessary equipment). Base contact not mandatory.

7. CATEGORY III--Failed resuscitation attempt

7.1 Cardiac arrest patients receiving a resuscitative effort who do not establish a potentially perfusing rhythm may be pronounced in the field after Base contact. The Base Hospital Physician will make the determination when to cease resuscitative efforts.

7.2 Procedure

7.2.1 Must have 1) ALS airway in place, and 2) Received appropriate ALS medications.

7.2.2 Notify base physician. If physician believes no further resuscitative efforts are appropriate, physician will make determination to cease resuscitative efforts.

7.2.3 Children and patients with persistent or recurrent ventricular fibrillation should have distance to hospital weighed against any need for further therapy.

7.2.4 After resuscitation ceased, support family. Do not leave family alone.

7.2.5 Notify investigative public safety agency.

7.2.6 Leave PCR, rhythm strips, other documentation for coroner.

8. EMS responding personnel should contact the Base Hospital for "determination of death" whenever the field application of these protocols is unclear.

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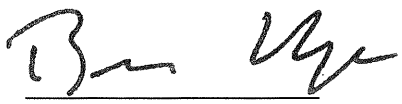
**APPROVAL**



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