DETERMINATION OF DEATH IN THE PREHOSPITAL SETTING

ADULT & PEDIATRIC

BLS

I. CAUSES FOR DETERMINATION OF DEATH

A. Any adult patient (15yrs old and >) who remains pulseless, apneic and "No Shock Advised" from AED after completing 20 minutes of CAM per *Treatment Guideline 8016 Cardiac Arrest Management* prior to ALS arrival.
B. Decapitation
C. Incineration
D. Rigor Mortis
E. Livor Mortis (Lividity)
F. Decomposition
G. Pulseless blunt traumatic arrest – **ADULT only**
H. Pulseless penetrating traumatic arrest – **ADULT only.**
I. Total separation of vital organs from body, or total destruction of organs with absence of life signs
J. Absence of life signs or severely compromised vital signs when there are multiple victims, and resuscitation would hinder care of more viable patients.
K. Submersion greater than or equal to one hour: physical examination of body with accurate and reliable history of submersion time.
L. Valid DNR
1) Upon presentation of a valid POLST form, DNR or Durable Power of Attorney for Health Care, (DPAHC must request DNR or similar status).
a) Do not initiate CPR.
b) Terminate CPR if already in progress.
c) If there is any doubt whether to start or withhold CPR, first responders should start CPR and await the arrival of an advanced life support provider.
d) Notify appropriate law enforcement agency and/or coroner. A completed PCR must be left at the scene or faxed within 2 hours to the coroner.
e) Ensure scene security until released by law enforcement.
f) Base Hospital contact is not necessary.
g) Resuscitation may be withheld at family request if there is unanimous agreement between all family members on scene. In such a case the EMT or Paramedic may choose to consult with the Base Hospital MD, however the consultation is optional. If there is any doubt or dissension among family or rescuers as to the appropriateness of the decision to withhold resuscitation, resuscitative efforts should continue as per protocol(s).

Consideration: Strong family insistence on resuscitation may lead to base contact in cases where it otherwise would not be indicated.

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ALS

I. TERMINATION OF RESUSCITATION - **ADULT**
   A. Any patient who remains pulseless, apneic, and asystolic after completing appropriate ACLS intervention per protocol for a minimum of 20 minutes.
   B. Patients who remain pulseless and apneic with PEA, may have the resuscitation terminated after 20 minutes if an $ETCO_2$ level is less than 10.
   C. Ongoing V-Fib should be worked via CAM for at least 30 minutes.
   D. Adult Penetrating traumatic arrest with asystole.
   E. Adult penetrating traumatic cardiac arrest with documented electrical cardiac activity with a transport time to the nearest emergency department or trauma center that exceeds 20 minutes or the patient remains in cardiac arrest after 20 minutes of on scene cardiorespiratory resuscitation.

II. TERMINATION OF RESUSCITATION DURING TRANSPORT- **ADULT**
   A. If the patient is already enroute to the hospital, such a decision results in the immediate termination of Code 3 transport.
   B. Transport shall continue to the closest receiving facility.
   C. All disposable ALS devices shall remain in place.

III. PEDIATRIC CONSIDERATIONS
   A. Pediatric traumatic cardiac arrests are to be transported after appropriate on scene care.
   B. Nontraumatic pediatric cardiac arrest patients are to be transported to the nearest emergency department as soon as practical. Refer to *Treatment Guideline 7011 Unexpected Infant/Child Death* to determine whether to perform resuscitation measures.

BASE HOSPITAL ORDERS ONLY

I. Patients who remain pulseless and apneic with PEA, and an $ETCO_2$ greater than 10, Base Hospital contact is necessary before the termination of resuscitation.

II. Patients who remain pulseless and apneic with ventricular fibrillation or ventricular tachycardia and have received a minimum of 20 minutes of continuous resuscitation, cannot have further efforts terminated without Base Hospital contact.

ADDITIONAL INFORMATION

I. PROCEDURE FOR AN ARREST IN A PUBLIC FORUM
   A. Victims of an arrest in a public forum should have resuscitation begun immediately, and shall be moved to a private working space or placed in the ambulance when appropriate, out of the public view.
   B. Exceptions include:
      1) Suspected crime scene
      2) Decapitation
      3) Incineration
   C. Should determination of death be made during transport, an immediate termination of Code 3 transport shall occur. The patient will then be transported to the appropriate facility, either a hospital, or an authorized on-site medical facility. All other determination of death procedures shall apply.

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II. DEFINITIONS
A. Absence of life signs is determined by the physical examination of the patient. Palpating the carotid pulse for a minimum of 60 seconds. Assessing the absence or respirations for a minimum of 60 seconds.
B. Asystole is determined by the use of a cardiac monitor, attaching the leads, and documenting asystole in 2 leads for a minimum of 60 seconds.
C. Rigor Mortis – the stiffness seen in corpses. Rigor mortis begins with the muscles of mastication and progresses from the head down, affecting the legs last. It generally manifests within 1-6 hours.
D. Livor Mortis (Lividity) – cutaneous dark spots on dependent portions of a corpse. Generally manifests within 30 minutes to 2 hours.
E. DNR – Do Not Resuscitate.
F. POLST – Physician Order for Life Sustaining Treatment (copies of the original are acceptable).

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