DETERMINATION OF DEATH

PURPOSE:
To provide criteria for prehospital personnel to determine when a patient is obviously dead and when resuscitative efforts should be instituted or discontinued.

PROCEDURE:
1. The patient is to be determined obviously dead upon meeting the following criteria:
   a. The patient has suffered one of the following:
      1) Decapitation.
      2) Decomposition of body tissue.
      3) Incineration.
      4) Known submersion for 90 minutes or longer.
      5) Functional separation from the body of the heart, brain, or lungs.
      6) Pulseless and apneic and all of the following physical exam findings are present*:
         - Rigor mortis as indicated by stiffness in jaw
         - Cold skin (in a warm environment)
         - Pupils dilated and non responsive
         - Asystole noted on EKG in two leads (ALS personnel), or;
         - No palpable carotid pulse is felt and no breath or apical heart sounds are heard after a minimum 60 seconds of auscultation and palpation (BLS personnel only).
      7) Adult patient with major blunt trauma that is pulseless and the monitor shows: asystole or wide complex PEA with a rate of 40 or less in at least two (2) leads. (ALS personnel only)
      8) The patient is in cardiac arrest and has a reliable history of no vital signs for 20 minutes and presents with asystole in at least two (2) leads on the monitor. If a reliable history is not readily available or if there is evidence of pregnancy, hypothermia, drug ingestion or electrocution begin BCLS/ACLS procedures and contact base station for further instructions. (ALS personnel only)

2. When an obvious death is determined in the field:
   a. A Prehospital Care Report (PCR) shall be completed with all appropriate patient information. It shall describe the patient assessment and the time the patient was determined to be obviously dead.
   b. Base station contact is not required for patients determined obviously dead unless otherwise specified in this policy.

3. For patients who do not meet the “obviously dead” determination of death criteria appropriate treatment measures shall be instituted:
   a. The base station physician may determine that resuscitative interventions are futile or not indicated, and may authorize the discontinuation of resuscitative efforts with reasonable attempts and an assessment of all the following:
      i) No spontaneous respirations are present after:
         • Assuring the patient has an open airway
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• Looking, listening, and feeling for respirations including chest auscultation for lung sounds for a minimum of 60 seconds, and:

  ii) No pulses are present after:
  • palpation of the carotid pulse for a minimum of 60 seconds and/or auscultation of the apical pulse for a minimum of 60 seconds
  • The adult patient is in pulseless arrest (asystole, PEA, refractory VT/VF) for more than 20 minutes despite (on-scene) ACLS resuscitative measures, assuming the patient has an effective BLS or ALS airway and a patent IV/IO in place.
  • There is no suspected history of pregnancy, drug ingestion, hypothermia, or electrocution
  • The Paramedic determines the scene to be appropriate for termination of resuscitative measures

b. Following an order by the base station physician to discontinue resuscitative measures, a PCR shall be completed. All appropriate patient information must be included, and a description of all resuscitative efforts employed, criteria outlining discontinuation of resuscitative efforts, and the time the base station physician determined the patient to be dead.

c. BLS personnel may determine a patient to be dead if patient is pulseless and apneic as defined in section 1 of this policy after twenty minutes of CPR (unless there is evidence of pregnancy, hypothermia, drug ingestion, or electrocution).

d. In the event that radio contact cannot be made with the base station the Paramedic may make a determination of death in pulseless, apneic patients as described above. Paramedics must make base station contact once radio contact can be made. An EMS Event Analysis form shall be submitted to the EMS Agency Medical Director within 24 hours in all cases where resuscitative measures were discontinued during radio failure.

e. Prehospital emergency medical care personnel shall notify the County Coroner or the appropriate law enforcement agency when a patient has been determined to be dead. The most appropriate EMS unit (may be the first responders) shall remain on scene until released by the coroner or law enforcement agency. In the event that the deceased subject is in a public occupancy, the body may be transported to the nearest medical facility depending on the circumstances and the ETA of the County Coroner/law enforcement. Leave all IV/IO lines and airway adjuncts in place.

4. Transport of deceased patients:

a. Patients who are dead at the scene should not be transported by ambulance; however, for patients that collapse in public locations it may be necessary to transport to the hospital or other location in order to move the body to a place that provides the family with more privacy.

b. When resuscitative measures have begun and the decision is made to transport OR if resuscitation begins en route, Do Not discontinue measures, continue to destination hospital or divert to nearest hospital.

Policies and procedures relating to medical operations during declared disaster situations or multiple casualty incidents will supersede this policy.

Reference(s):
A proposed decision-making guide for the search, rescue and resuscitation of submersion (head under) victims based on expert opinion Original Research Article