

EL DORADO COUNTY EMS AGENCY

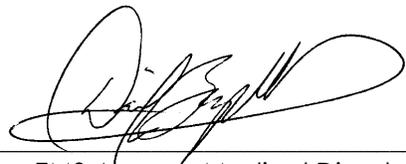
FIELD POLICIES

Effective: July 1, 2015

Reviewed: July 2015, 2017

Revised: July 2019

Scope: ALS/BLS Personnel



EMS Agency Medical Director

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 in the field.

PROCEDURE:

Paramedic or EMT:

- Decapitation: Visual examination of remains.
- Decomposition of body tissue: Visual examination of remains.
- Incineration: Visual examination of remains.
- Functional separation from the body of the heart, brain, or lungs: Visual examination of remains.
- No palpable carotid pulse is felt and no breath or apical heart sounds are heard after a minimum 60 seconds of auscultation and palpation.

Paramedic Only

Pulseless and apneic and **all** of the following physical exam findings are present:

- Rigor mortis as indicated by stiffness in jaw and/or livor mortis
- Pupils dilated and non responsive
- Asystole noted on EKG in two leads

Base Contact shall be made for further instructions for the following patient criteria which have not already met the obviously dead determination:

- 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.
- Known submersion for 90 minutes or longer
- Cardiac arrest with 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 hypothermia, drug ingestion or electrocution begin BCLS/ACLS procedures.

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:

- No spontaneous respirations are present after assuring the patient has an open airway Looking, listening, and feeling for respirations including chest auscultation for lung sounds for a minimum of 60 seconds
- No pulses are present after palpation of the carotid pulse or auscultation 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 drug ingestion, hypothermia, or electrocution
- The Paramedic determines the scene to be appropriate for termination of resuscitative measures

Complete a PCR with all appropriate patient information included and a description of all resuscitative efforts employed, criteria outlining discontinuation of resuscitative efforts, and the time of death.

- For communication failure, the Paramedic may make a determination of death in pulseless, apneic patients as described above. However, the Paramedics **must** make base station contact as soon as within range.
- 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 communication failure.
- Prehospital 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.

Transport of deceased patients:

- 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.
- 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.

When an obvious death is determined in the field:

- 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.
- No Base station contact is required for patients determined obviously dead unless otherwise specified in this policy.

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
Resuscitation, Volume 82, Issue 7, July 2011, Pages 819-824
Michael J. Tipton, Frank St. C. Golden