

EL DORADO COUNTY EMS AGENCY

FIELD POLICIES

Effective: July 1, 2015

Reviewed: July 2021

Revised: September 2022

Scope: ALS/BLS Personnel

EMS Agency Medical Director

DETERMINATION OF DEATH (DOD)

AUTHORITY: Division 2.5, California Health and Safety Code, sections 1797.220 and 1798; and Title 22, California Code of Regulations, sections 100107 and 100146.

PURPOSE:

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

DEFINITIONS:

Asystole: determined by physical exam and observing asystole (flat line) in two leads on cardiac monitor for a minimum of thirty seconds each.

Rigor Mortis: Stiffness in corpses that begins with the muscles of mastication and progresses from the head down the body affecting legs and feet last. Generally, manifests one to six hours after death.

Lividity/Livor Mortis: Cutaneous dark spots on dependent portions of a corpse. Usually begins within twenty minutes to three hours after death.

Approved Prehospital DNR Directives:

- A completed and signed Prehospital DNR Request Form
- A completed and signed Physician Orders for Life-Sustaining Treatment (POLST) form
- DNR medallion on person
- A written, signed DNR order in the patient's medical record stating "Do Not Resuscitate", "No Code", or "No CPR" signed by a physician, with the patient's name and date
- A paper copy of the electronic medical record (EMR) order for DNR containing the physician's name and date
- An Advanced Health Care Directive
- A verbal order from the patient's physician provided the physician immediately contacts and advises Base

I. PROCEDURE: Withholding resuscitation efforts

EMS personnel shall not initiate resuscitation and are not required to contact Base in the event of:

- 1) Completed and signed DNR or POLST on scene,
- 2) Blunt trauma patient, pulseless and apneic, with PEA on monitor at < 40 bpm for at least 30 seconds
- 3) Primary Assessment reveals pulseless, apneic patient with any of the following:
 - a. Rigor mortis or Livor Mortis
 - b. Decapitation

- c. Incineration
- d. Decomposition
- e. Loss of body warmth in a warm environment (hypothermia not suspected)
- f. Destruction or separation of major organs
- g. Declared MCI where triage principles dictate no resuscitation indicated.
- h. Confirmed pulseless and apneic for ten or more minutes by a first responder in the absence of hypothermia, drug ingestion, or poisoning.

EMS personnel should resuscitate in all other situations, preferably on scene.

II. PROCEDURE: Termination of Resuscitation (TOR)

ADULT resuscitation may be terminated when patient is:

- 1) Not hypothermic AND
- 2) Not victim of submersion AND
- 3) Not obviously pregnant AND
- 4) EMS did not witness cardiac arrest AND
- 5) No shockable rhythm AND
- 6) No ROSC after 20 minutes of BLS and/or ALS resuscitation

PEDIATRIC resuscitation may be terminated when patient is:

- 1) Not hypothermic AND
- 2) Not victim of submersion AND
- 3) Not obviously pregnant AND
- 4) Reversible causes identified/treated AND
- 5) No ROSC AND asystole on the monitor after:
 - a. 15 two-minute cycles of HP-CPR AND
 - b. Minimum one dose of epinephrine

- Transport the patient if above termination of resuscitation (TOR) criteria are not met
- If resuscitation is terminated en route to the hospital, discontinue code 3 transport and proceed to the hospital. Leave all disposable medical equipment in place.
- If resuscitation is terminated at the scene, leave all disposable medical equipment in place and call County Coroner.

III. PROCEDURE: POST TOR

- Generally, patients determined to be dead shall not be transported by ambulance.
- In some cases, it may be appropriate to transport without resuscitative measures and without lights and sirens. Specifically, this may be considered if there are compelling psycho-social or personnel safety reasons.
- Base Contact is required for determination of death for patients not meeting TOR criteria above.

- For communication failure in which a pulseless, apneic person has undergone a minimum of 20 minutes (adult) or 30 minutes (pediatric) of resuscitative measures with no improvement in condition but does not meet TOR criteria, the paramedic may terminate resuscitation if **hypothermia** or **drugs** are not suspected. The Paramedic **must** make base contact as soon as within range.
- A CQI Event Report form shall be submitted to the EMS Agency within 24 hours in all cases where resuscitation was terminated without TOR criteria during communication failure.
- A PCR must be completed with all appropriate patient information, description of the patient at time death was determined, description of all resuscitative efforts employed, TOR or DOD criteria, and the time of death.
- The most appropriate EMS unit (may be the first responders) shall remain on scene until released by the coroner or law enforcement agency.

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

Reference(s):

10/27/2020 EMS Termination Of Resuscitation And Pronouncement of Death - StatPearls - NCBI Bookshelf (nih.gov) <https://www.ncbi.nlm.nih.gov/books/NBK541113/>