



Determination of Death

PURPOSE	<p>I. Provide guidance on when EMS personnel can terminate or withdraw resuscitative efforts.</p>
POLICY	<p>I. TERMINATION OF BASIC LIFE SUPPORT RESUSCITATION</p> <p>A. CPR will not be initiated under the following circumstances:</p> <ol style="list-style-type: none">1. Obvious Death:<ol style="list-style-type: none">a. Decapitation.b. Incineration.c. Destruction or separation of major organs (brain, heart, liver).d. Rigor Mortis: Determination of rigor mortis should include immobility of the jaw and/or upper extremities.e. Lividity: visible pooling of blood in dependent extremities or dependent areas of the body.2. Multi Casualty Incidents<ol style="list-style-type: none">a. Pulseless, apneic or agonal patient where triage principles and available resources preclude initiation of resuscitation.3. Do Not Resuscitate (DNR) Order / Physician Order for Life-Sustaining Treatment (POLST)<ol style="list-style-type: none">a. Upon presentation of a valid POLST form, DNR Medallion, DNR Order or Durable Power of Attorney for Health Care (DPAHC) that specifies DNR or similar status:<ol style="list-style-type: none">i. Do not initiate CPR.ii. Terminate CPR if already in progress.iii. If there is any doubt whether to start or withhold CPR, first responders should start CPR and await the arrival of an ALS provider.iv. Notify appropriate law enforcement agency and/or coroner. A completed Patient Care Report must be left at the scene or faxed within 3 hours to the coroner.v. Ensure scene security until released by law enforcement representative.vi. Base contact is NOT necessary.b. If the patient is in cardiac arrest and a valid POLST form is present and indicates in Section (a) no resuscitation is desired, no resuscitation shall be performed and determination of death in the prehospital setting applies.c. It is vital for the continuity of appropriate care the POLST form accompany the patient to the receiving facility.

B. Special Considerations:

1. 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 base physician. If there is any doubt or dissent among family or rescuers as to the appropriateness of the decision to withhold resuscitation, resuscitative efforts should continue as per applicable guidelines(s).
2. EMS personnel will at times encounter patients who clearly should not receive resuscitation yet who do not have all of the necessary documentation for withholding resuscitation. In such situations, the paramedic shall make base hospital contact and communicate pertinent patient medical information. The base hospital will issue appropriate orders, which may include the limitation or termination of resuscitation.
3. If EMS personnel are unsure about the appropriate level of intervention the base hospital physician shall be consulted.
4. Non-traumatic cardiac arrests that are bystander witnessed and/or receive bystander CPR are more likely to survive to hospital discharge.

II. TERMINATION OF ADVANCED LIFE SUPPORT RESUSCITATION**A. In the absence of obvious death, a valid DNR/POLST, or an MCI, resuscitation may be terminated under the following circumstances:****1. Non-Traumatic Criteria:****a. All of the following must be present:**

- i. Non-shockable rhythm persists for ≥ 20 minutes despite aggressive resuscitation efforts; and
- ii. $ETCO_2 \leq 20$ mmHg in a patient with an advanced airway; and
- iii. No ROSC (5 minutes of palpable pulses) at any point; and
- iv. Total number of defibrillations is < 3

b. If any of the above criteria are not met after 20 minutes of aggressive resuscitation, continue resuscitation for an additional 10 minutes.

- i. If the non-traumatic determination of death criteria is still not met after the additional 10 minutes of resuscitation, contact base for further direction.

2. Traumatic Criteria:

- a. Blunt traumatic arrests in asystole or pulseless electrical activity at a rate < 40 .
- b. Penetrating trauma arrests when the time from onset of arrest to arrival at the trauma center is > 10 minutes.

3. Any case in which information becomes available that would have prevented initiation of resuscitation had that information been available before resuscitation was initiated.**B. Termination of resuscitation during transport:**

1. If the patient is already enroute to the hospital, such a decision results in the immediate termination of Code 3 transport.

2. Transport shall continue to the closest receiving facility.
 3. All disposable ALS devices shall remain in place unless otherwise directed by law enforcement.
- C. Termination of resuscitation prior to transport:
1. If resuscitation is discontinued prior to transport, the coroner shall be notified.
 2. In general, the patient should not be moved or searched. The area shall be secured until the arrival of the coroner and/or the appropriate law enforcement representative.
 3. Some post-resuscitative situations pose a challenge to responders due to the location of the patient (e.g. public area with children). In the absence of suspicious or obvious signs of criminal involvement, EMS personnel *may* choose to move the pronounced patient to a more private and/or discrete location. Movement of a pronounced patient should only occur when it is necessary to minimize bystander exposure.
 4. Movement of a pronounced patient may also occur if EMS personnel experience extreme, unusual or dangerous social or scene situations.
 5. EMS personnel shall notify the Napa County Coroner or applicable law enforcement having jurisdiction and must remain on scene (retaining custody of the pronounced patient) until law enforcement personnel arrive (e.g. move pronounced patient to on-scene ambulance). All disposable ALS devices shall remain in place unless otherwise requested by law enforcement.

III. ARRESTS IN A PUBLIC FORUM

- A. With the exception of a crime scene, victims of cardiac arrest in a public area may be moved to a more private working space as practical without delaying or hindering resuscitative efforts.