

**05-0301 – Determination of Death**

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**AUTHORITY:**

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

**PURPOSE:**

**The purpose of this policy is to provide criteria to aid field providers in the determination of death in the field.**

**POLICY:**

It is the policy of Nor-Cal EMS that resuscitation need not be initiated when death has been determined. Prehospital providers do not pronounce death but rather determine death based on pre-determined criteria outlined below. **An assessment by ALS personnel and consultation with the Base Hospital Physician is required for determination of death not covered by this Policy.**

Resuscitative measures should be considered for the following patients:

1. ALL infants and children that are not obviously dead as listed below should be resuscitated and transported.
2. Prehospital personnel are not required to initiate resuscitative measures when death has been determined or the patient has a valid "Prehospital Do Not Resuscitate" directive. Prehospital personnel should contact the base hospital physician anytime support in the field is needed.
3. If a DNR directive is not present at the scene, but a person who is present and who can be identified as an immediate family member or spouse requests no resuscitation and has the full agreement of any others who are present at scene, resuscitation may be withheld or stopped if it has already been initiated.
4. If any doubt exists, begin resuscitative efforts immediately.

**BLS/ALS****OBVIOUS DEATH:**

**(Do not contact base hospital):** Determination of death at scene may be made if any of the following conditions are present along with pulselessness and apnea.

1. Decomposition of body tissues.
2. Decapitation.
3. Any degree of rigor mortis,
4. Lividity (dependent pooling of blood resulting in skin discoloration)
5. Physician-signed DNR order. Refer to **17-0102 Do Not Resuscitate** policy.
6. Incineration of the torso and/or head.
7. Massive crush injury and/or penetrating injury with evisceration or total destruction vital organs.
8. Gross dismemberment of the trunk.
9. If after twenty (20) minutes of EMS CPR and/or AED defibrillation the patient has not responded and ALS has not arrived on scene, the first responders may stop resuscitative efforts and contact law enforcement/coroner.
10. Prolonged extrication (>15 minutes) with no resuscitation possible during extrication.

***BLS DETERMINATION OF DEATH STOPS HERE*****ALS**

AEMT or Paramedic personnel may determine death for individuals who obvious death criteria does not apply.

Patients who, in addition to the absence of respirations, pulses, and neurological reflexes meet the following criteria:

1. Victims of cardiac arrest secondary to blunt or penetrating trauma with asystole confirmed in (2) leads;

2. Victims in cardiac arrest secondary to blunt or penetrating trauma with PEA at a rate of less than 40 per minute;
3. Victims of Medical (cardiac arrest) with asystole confirmed in (2) leads or with a PEA at a rate of less than 40 and there has been no response to ACLS interventions.

### **DEATH NOT OBVIOUS**

**(Need base hospital physician order):** The base hospital physician may determine death in the field based upon clinical findings if after ten (20) minutes of resuscitation:

#### **1. INTERACTION WITH FAMILY or SIGNIFICANT OTHER:**

- a. Provide explanation, reassurance and support to the family/significant other
- b. If there is any objection or disagreement by family members regarding terminating or withholding resuscitative efforts basic life support including defibrillation, shall continue or begin immediately and EMS personnel shall contact the base hospital for further direction.
- c. Allow any family member/significant other to express their concerns and begin their grieving process. Be prepared to make referrals for grief counseling/support services.

#### **2. INTERACTION WITH LAW ENFORCEMENT/CORONER:**

- a. When death is determined in the prehospital setting, the coroner and the appropriate law enforcement agency must be notified. The local public safety agency having jurisdiction will be responsible for the body once death has been determined. A body may not be moved or disturbed until disposition has been made by the coroner's office.
- b. Once CPR has been discontinued, all therapeutic modalities initiated during the resuscitation shall be left in place until it has been determined by the coroner's office that the patient will be a coroner's case. This includes equipment such as: airway, ET tube, IV catheters, monitor electrodes and personal items including clothes, jewelry, etc.

#### **3. DOCUMENTATION:**

- a. The patient's condition along with the determination of death criteria that was used, and the base hospital physician order (if required) should be documented in the PCR narrative.
- b. A minimum six-second cardiac rhythm strip of each lead shall be attached to the PCR
- c. Determination of death date and time.
- d. If the **17-0102 Do Not Resuscitate** policy is utilized, see that policy for documentation requirements.