

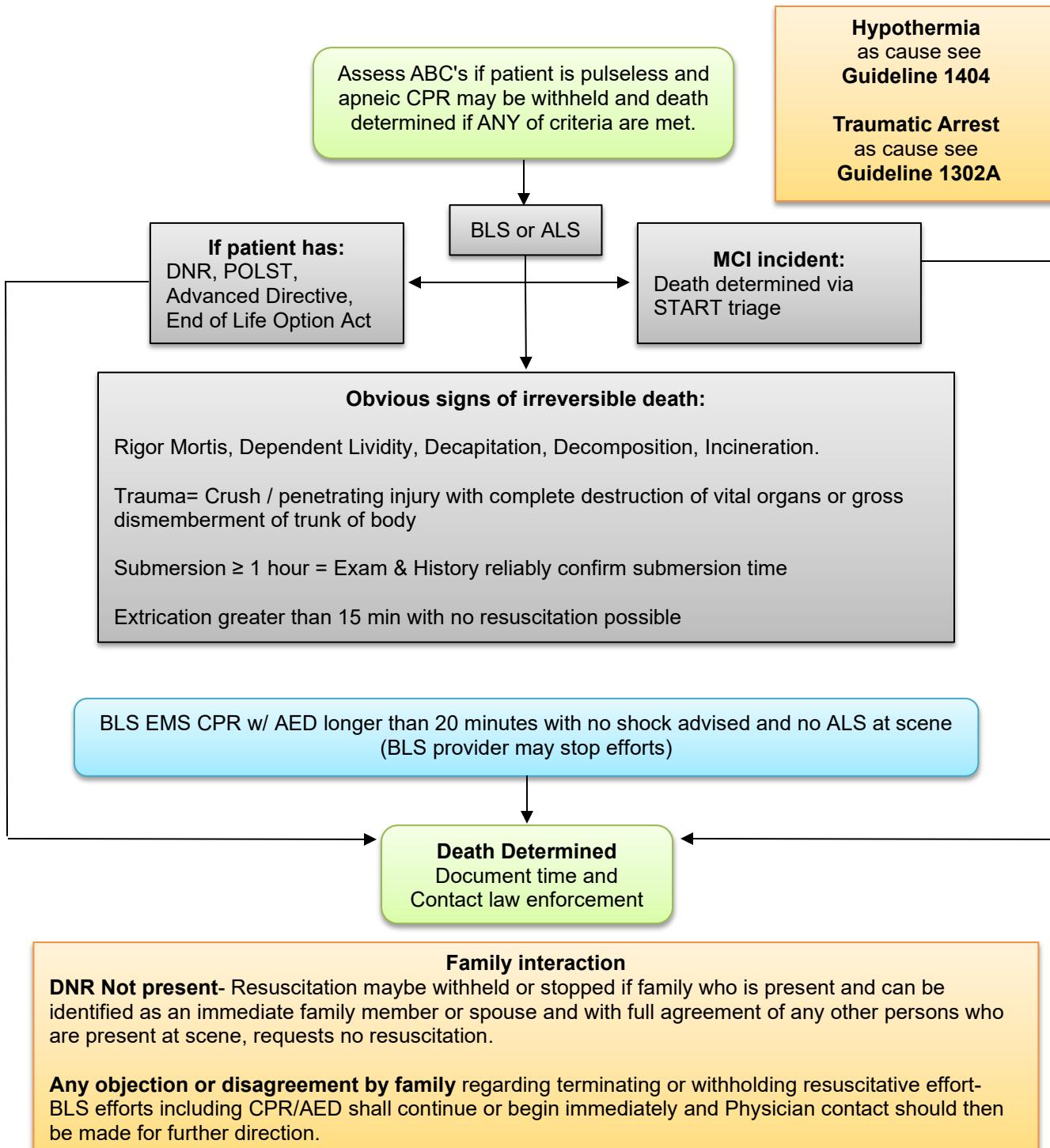
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines
Effective Date: 05/01/2025	Next Revision: 05/01/2028
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Purpose

To establish criteria for determination of death by prehospital personnel.

Policy

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.



ALS ONLY

For Presumed MEDICAL Arrest:

All **MUST** be present-

ECG= Asystole
Event not witnessed
Effective bystander CPR not initiated
Presumed downtime greater than 20 minutes
Absence of potentially reversible cause
No shocks delivered PTA

Death Determined

Document time and
Contact law enforcement

If Determination of Death cannot be made:

Perform ALS resuscitation for 20 minutes:
See Treatment Guidelines: 1101/1102

After 20 minutes of ALS resuscitation ROSC has not been obtained:

Resuscitation maybe discontinued with: Asystole or PEA
and
ETCo2 \leq 10mm/Hg

If V-Fib / V-Tach or ETCo2 \geq 10mm/Hg

Preform ALS resuscitation for an additional 10 minutes (30 min Total):
At which point resuscitation may be discontinued and determination of death
made if ROSC has not occurred and ETCo2 is less than 10mm/Hg.

Physician Consult Required

- Evidence exists that resuscitative efforts are not desired or appropriate and above criteria is not met.
- ETCo2 >10 mm/Hg after 30 minutes of resuscitation efforts
- **Do not transport with CPR in progress**- allowed only by Physician contact or if Hypothermia exists (See 1404)