Policy 570.20 Determination of Death

Purpose

The purpose of this policy is to establish criteria and parameters to be followed by authorized prehospital emergency medical care clinicians when determining the death of a patient while at the scene of a medical emergency or during transport or during inter-facility transfer and determining when to terminate resuscitation.

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.

Definitions

I) Asystole: Determined by the use of cardiac monitor and observing asystole in two leads for a minimum of thirty seconds each in combination with physical exam.

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

III) Lividity: Cutaneous dark spots on dependent portions of a corpse. Generally begins within twenty minutes to three hours after death.

IV) Approved Prehospital DNR Directive:
- A) A completed and signed Prehospital DNR Request Form
- B) A completed Physicians Orders for Life Sustaining Treatment (POLST) Form
- C) DNR medallion on person
- D) 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.
- E) A paper copy of the electronic medical record (EMR) order for DNR containing the physicians name and date.
- F) An Advanced Health Care Directive.
- G) A verbal order from the patient's physician provided the physician immediately contacts and advises Base.

V) HP-CPR: cardiopulmonary resuscitation that involves proper rate and depth and minimizes interruptions.

VI) Prehospital emergency medical services clinician: Any person currently certified or accredited with the Tuolumne County Emergency Medical Services Agency.

Policy

I) Prehospital emergency medical services clinicians shall not initiate resuscitation when:
- A) Documentation present of approved DNR Directive
- B) Primary Assessment reveals pulseless, apneic patient with any of the following:
  1) Rigor Mortis
  2) Lividity
  3) Decapacitation
  4) Incineration
  5) Decomposition
  6) Loss of body warmth in a warm environment (hypothermia not suspected)
  7) Destruction or separation of major organs
  8) Declared MCI where triage principles and available resources preclude initiation of resuscitation.

II) Termination of Resuscitation (TOR) Criteria – all criteria in A AND B or C below is required to terminate.

A) All ages (Applies to both adult and pediatric patients):
    1) No evidence of hypothermia, submersion, drug ingestion, or poisoning exists AND
    2) Not obviously pregnant, AND
    3) Reversible causes identified and treated, AND
B) Additional Criteria for Adult
    1) EMS did not witness cardiac arrest AND
    2) No shockable rhythm at any time AND
    3) No ROSC after 20 minutes of BLS and/or ALS resuscitation
C) Additional Criteria for Pediatric
    1) No ROSC AND asystole on the monitor after:
        a) 15 two-minute cycles of HP-CPR AND
        b) Minimum one does of epinephrine.

III) Base Hospital contact is not required for patients determined to be obviously dead.

IV) For patients that do not meet the obviously dead criteria, appropriate treatment measures shall be initiated.

V) Base Hospital Physician must be contacted for death declaration in persons who, after ACLS intervention as described, have rhythms other than asystole or PEA at 40 beats/minutes or less, for patients 14-years old or younger, or for patients who have signs of hypothermia, drug ingestion or poisoning.

VI) Prehospital emergency medical services clinician shall notify the County Coroner or the appropriate law enforcement agency when a patient has been determined to be dead and shall remain on scene until released by the coroner or law enforcement agency. County Coroner may release clinicians by direct electronic, radio, or telephone communication. The deceased may be left in the care of an authorized first responder agency if another patient requires transport or the ambulance has been requested by dispatch to respond to another emergency.

Procedure

I) Documentation
A) An electronic Patient Care Report (ePCR) shall be completed. All appropriate patient information must be included in the ePCR and shall describe the patient assessment and the time the patient was determined to be obviously dead.
B) A patient care report will be faxed to the coroner or law enforcement agency for inclusion of their report.
C) If used in the event of an MCI, Triage Tags shall remain with the deceased.
D) If base hospital contact is made to determine death, Base Hospital contact and the Base Hospital Physician declaring death shall be documented in the ePCR.

II) Determination of death while enroute to a medical facility
A) Within Tuolumne County, reduce transport to no lights and sirens, contact Tuolumne County dispatch and request coroner or deputy meet at the coroner facility.
B) Outside of Tuolumne County, reduce transport to no lights and sirens and continue to the original receiving facility destination.
    1) Policies and procedures relating to medical operations during declared disaster situations or multiple casualty incidents will supersede this policy.
C) Leave all disposable medical equipment in place.

III) Determination of death at scene
A) Leave all disposable medical equipment in place and consult law enforcement.
B) Generally, patients determined to be dead on scene shall not be transported by ambulance. In some cases, it may be appropriate to transport without resuscitative measures without lights and sirens. Specifically, this may be considered if there are compelling psycho-social or scene safety reasons. These reasons must be clearly documented in the ePCR.