

DETERMINATION OF DEATH IN THE PREHOSPITAL SETTING

I. PURPOSE

To provide criteria to aid prehospital personnel in determining death in the field.

II. POLICY

- A. Prehospital personnel do not pronounce death but may determine death in certain situations.
- B. Prehospital personnel need not initiate CPR or may direct the discontinuation of CPR when death has been determined using the criteria outlined in this policy, or when an approved Do Not Resuscitate order has been produced.
- C. If any doubt exists as to the presence of vital signs, or if hypothermia, drug overdose, or poisoning is suspected, begin CPR and follow the appropriate field treatment guidelines.
- D. The body of a patient who has been determined to be dead from any of the reasons identified in the Coroner section of this policy shall not be disturbed or moved from the position or place of death without permission of the coroner or the coroner's appointed deputy.
- E. Base hospital direction may be utilized in situations other than those outlined in this policy in which field personnel believe cessation of efforts are warranted, or if questions exist about application of the policy.

III. OBVIOUS DEATH

Pulseless, non-breathing patients with any of the following:

- A. Decapitation
- B. Total incineration
- C. Decomposition
- D. Total destruction of the heart, lungs, or brain, or separation of these organs from the body
- E. Rigor mortis or post-mortem lividity without evidence of hypothermia, drug ingestion, or poisoning
- F. Mass casualty situations.
- G. Procedure:
 - 1. Do not initiate CPR
 - 2. In patients with rigor mortis or post-mortem lividity:
 - a. Attempt to open airway
 - b. Assess for breathing for at least 30 seconds; assess pulse for 15 seconds
 - c. Rigor, if present, should be noted in jaw and/or upper extremities
 - d. If any doubt exists, place cardiac monitor to document asystole in two leads for one minute.
 - 3. Notify County Coroner and any other appropriate investigative agencies (if not already done)
 - 4. Complete Prehospital Care Report.

IV. PROBABLE DEATH

Does not apply if hypothermia, drug ingestion, or poisoning is suspected.

A. Medical Arrest:

1. Definition: Cardiac arrest with total absence of observers or witness information; **or** cardiac arrest in which witness information states arrest occurred greater than 15 minutes prior to arrival of prehospital personnel and no resuscitative measures have been done.
2. Procedure:
 - a. BLS personnel – Follow Public Safety defibrillation treatment guideline.
 - b. ALS personnel:
 - 1) Do not initiate CPR
 - 2) Assess for presence of apnea, pulselessness (no heart tones/no carotid or femoral pulses)
 - 3) Document asystole in two leads for one minute.

B. Traumatic Arrest:

1. Definition: Blunt or penetrating traumatic arrest.
2. Procedure:
 - a. BLS personnel – Follow Public Safety defibrillation treatment guideline.
 - b. ALS personnel:
 - 1) Do not initiate CPR
 - 2) Assess for presence of apnea, pulselessness (no heart tones/no carotid or femoral pulses)
 - 3) Document asystole or pulseless electrical activity (PEA) with wide QRS and rate of 40 or less in two leads for one minute
 - 4) Following determination of death, notify coroner and any other appropriate investigative agency (if not already done)
 - 5) Complete Prehospital Care Report including approximate time death was determined.

V. DISCONTINUING ADULT CPR

Does not apply if hypothermia, drug ingestion, or poisoning is suspected.

- A. Prehospital personnel may discontinue adult CPR if an approved Do Not Resuscitate order is produced for the patient after initiation of resuscitative efforts. No base hospital contact is necessary.
- B. Prehospital personnel may discontinue adult CPR without base hospital contact, in patients in whom resuscitative efforts are unsuccessful (asystole or agonal rhythm despite interventions).
- C. Prehospital personnel should attempt resuscitation and should transport patients with multiple rhythms, intermittent perfusing rhythms such as bradycardia or ventricular tachycardia, or in whom scene conditions warrant transport (safety issues, some public settings).
- D. CPR may not be discontinued during patient transport.
- E. Procedure:
 1. Document asystole or agonal rhythm in two leads for one minute.
 2. Notify coroner and any other appropriate investigative agency (if not already done).
 3. Complete Prehospital Care Report including approximate time death was determined.

VI. EMERGENCY MEDICAL DISPATCH

A. Obvious Death:

Emergency Medical Dispatchers (EMDs) provide prearrival instructions for administering CPR unless they have been provided information indicating that the patient meets one of the following obvious death criteria:

1. Decapitation
2. Total incineration
3. Decomposition that prevents resuscitation
4. Total destruction of the heart, lungs, or brain, or separation of these organs from the body
5. Rigor mortis that prevents resuscitation.

B. "Do Not Resuscitate" (DNR):

The EMD shall provide pre-arrival instructions for administering CPR even if he/she is advised that the patient has DNR paperwork. If the caller refuses, the EMD shall advise them to have the DNR paperwork available for the responding personnel and shall notify the enroute unit(s) of the existence of DNR paperwork.

VII. MULTICASUALTY/MULTIVICTIM INCIDENTS

CPR will be initiated pursuant to the procedures outlined in the Multicasualty Plan. Field personnel should initiate CPR when there are sufficient numbers of rescuers to adequately manage the total number of, and types of, casualties on the scene.

VIII. CORONER INVESTIGATION

The Coroner is responsible for investigating all deaths listed in California Government Code Section 27491 including, but not limited to the following:

- Violent, sudden, or unusual deaths;
- Unattended deaths;
- Deaths where a physician has not attended to the deceased in the 20 days before death;
- Known or suspected homicide, suicide, or accidental poisoning;
- Deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent;
- Deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome;
- Death in whole or in part occasioned by criminal means;
- Deaths known or suspected as due to contagious diseases and constituting a public hazard;
- Deaths from occupational diseases or occupational hazards.

The deceased should not be disturbed or moved from the position or place of death without permission of the coroner or the coroner's appointed deputy.