

Determination of Death

I. PURPOSE

This policy provides criteria to aid prehospital personnel in determining death in the field and to identify criteria to determine the termination or withdrawal of resuscitative efforts.

II. DETERMINATION OF DEATH

- A. Prehospital personnel do not pronounce death, but may determine death in certain situations.
- B. 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 his/her appointed deputy.
- C. If any questions exist about the application of this policy, Base Hospital direction should be utilized.

III. OBVIOUS DEATH

- A. Definition: Pulseless, non-breathing patients with any of the following:
 - 1. Decapitation
 - 2. Total incineration
 - 3. Decomposition
 - 4. Total destruction of the heart, lungs, or brain, or separation of these organs from the body
 - 5. Rigor mortis or post-mortem lividity without evidence of hypothermia, drug ingestion or poisoning
 - 6. Mass casualty situations: pulseless, apneic or agonal patient where triage principles are available resources preclude initiation of resuscitation.
- B. Procedure:
 - 1. Do not initiate resuscitative efforts.
 - 2. In patients with rigor mortis or post-mortem lividity:
 - a. Attempt to open airway.
 - b. Assess for breathing and circulation.
 - c. Rigor, if present, should be noted in jaw and/or upper extremities.
 - d. If any doubt exists, utilize cardiac monitor to ensure asystole in two (2) leads for one (1) minute.
 - 3. Ensure notification of County Coroner and any other appropriate investigative agencies.
 - 4. Complete an Electronic Health Record (EHR).

IV. TRAUMATIC ARREST

If a trauma patient (blunt or penetrating) is in cardiopulmonary arrest upon arrival of a paramedic, the paramedic may discontinue CPR without Base Hospital contact after confirming the following:

- A. The patient is not breathing for a period of one (1) minute.
- B. The patient is pulselessness (no heart tones or carotid or femoral pulses).
- C. The patient’s cardiac rhythm is confirmed to be asystole or PEA with a wide QRS at a rate of 40 bpm or less in two (2) leads for one (1) minute.



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- D. Ensure notification of County Coroner and any other appropriate investigative agencies.
- E. Complete an EHR that includes the observed cardiac rhythms, time in rhythms, and the approximate time death was determined.

V. DISCONTINUING CPR (*Does not apply if hypothermia, suspected drug ingestion, or poisoning is suspected*)

- A. Paramedics may discontinue CPR without Base Hospital contact in the following situations:
 - 1. If an approved DNR order or POLST is produced for the patient after initiation of resuscitative efforts; or
 - 2. If an AHCD, Living Will or DPAHC is produced and the responsible party is present and makes the request; or
 - 3. If an immediate family member is present and make the request to discontinue resuscitation efforts, in the absence of a DNR, AHCD, Living Will, or DPAHC document. Full agreement of prehospital personnel and family present to discontinue efforts is required; or
 - 4. If a patient presents with advanced or terminal disease and an incomplete approved DNR order (e.g., no signature) is presented or no form is presented and an immediate family member, agent, or conservator at the scene requests no resuscitation. Full agreement of prehospital personnel and family present to discontinue efforts is required; or
 - 5. If a non-shockable rhythm persists for thirty (30) minutes despite aggressive resuscitative efforts, consider discontinuation of CPR.
- B. Prehospital personnel should attempt resuscitation and consider transport in patients with multiple rhythms, intermittent perfusing rhythms (e.g., bradycardia or V-Tach), or where scene conditions warrant transport (i.e., safety issues).
- C. Early transport to a STEMI Receiving Center is indicated under the following circumstances:
 - 1. Witnessed arrest with strong suspicion of pulmonary embolism; or
 - 2. V-Fib arrest resistant to four (4) shocks.
- D. CPR shall not be discontinued during transport.
- E. If a patient does not meet the criteria listed in Section V(A), consider contacting the Base Hospital for an order to discontinue efforts.
- F. Unless in the presence of obvious death, only ALS personnel shall discontinue resuscitative efforts.
- G. Notify Coroner and any other appropriate investigative agency.
- H. Complete an EHR that includes the observed cardiac rhythms, time in rhythms, and the approximate time death was determined.

VI. CORONER INVESTIGATION

The Coroner is responsible for investigating all deaths listed in California Government Code Section 27491. The deceased should not be disturbed or moved from the position or place of death without permission of the Coroner or his/her appointed deputy.

