

DETERMINATION OF DEATH

Effective Date: May 23, 2003

Revision Date: January 1, 2017

DETERMINATION

PATIENT ASSESSMENT

- ASSURE PATIENT HAS A PATENT AIRWAY
- LOOK, LISTEN AND FEEL TO CONFIRM APNEA
- CHECK FOR PULSE FOR MINIMUM OF 60 SECONDS TO CONFIRM PULSELESS
- CHECK PUPILLARY RESPONSE

DOES PATIENT MEET OBVIOUS DEATH CRITERIA?

OR

HAS PATIENT (WITHOUT SPECIAL CIRCUMSTANCES) BEEN CONFIRMED PULSELESS AND APNEIC FOR AT LEAST 10 MINUTES?

OR

DOES PATIENT HAVE A SIGNED DNR OR POLST DNR?

OR

BLUNT TRAUMA PATIENT IN CARDIAC ARREST PRIOR TO ARRIVAL

NO

YES

**DO NOT PROCEED
WITH
RESUSCITATION**

INITIATE APPROPRIATE RESUSCITATION PER POLICY/PROTOCOL
CONTINUE RESUSCITATIVE EFFORTS FOR **THIRTY (30) MINUTES**

PENETRATING TRAUMA PATIENT IN CARDIAC ARREST BLS RESPONDERS
INITIATE RESUSCITATION UNTIL ALS ARRIVAL/ALS RESPONDERS SEE
SPECIAL CONSIDERATIONS

**FOR PATIENTS LESS THAN 18 YEARS BEGIN TRANSPORT AFTER 10
MINUTES OF HIGH-PERFORMANCE CPR OR IF ROSC IS ACHIEVED**

ROSC

PATIENT FAILS TO RESPOND TO
APPROPRIATE LIFE SUPPORT
TREATMENT

**RAPID TRANSPORT TO THE
CLOSEST, MOST
APPROPRIATE ED**

**DISCONTINUE
RESUSCITATION EFFORTS**

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Special Considerations

- A. Resuscitative efforts are of no benefit to patients whose physical condition precludes any possibility of successful resuscitation.
- B. Drowning, hypothermia, and barbiturate ingestion all prolong brain life and therefore treatment and transport should be considered on these patients.
- C. Prehospital Care Personnel have the discretion to initiate resuscitation in those cases where resuscitation may not be warranted by patient condition, but necessary for crew safety or considered the best course of action in any given situation.
- D. Obvious Death Criteria: A patient may be determined obviously dead by Prehospital Care Personnel if, in addition to the absence of respiration, cardiac activity, and fixed pupils, one or more of the following physical or circumstantial conditions exists:
 - 1. Decapitation
 - 2. Massive crush injury to the head, neck, or trunk
 - 3. Penetrating or blunt injury with evisceration of the heart, lung, or brain
 - 4. Decomposition
 - 5. Incineration
 - 6. Rigor Mortis
 - 7. Post-Mortem Lividity

E. When not to initiate CPR:

- 1. Primary assessment reveals a pulseless, non-breathing patient who has signs of prolonged lifelessness in accordance with obvious death criteria or confirmed pulseless for 10 minutes. This does not apply to drownings, hypothermia and barbiturate overdoses.
- 2. Blunt trauma patient, who on the arrival of EMS personnel, is found to be apneic, pulseless and with fixed pupils.
 - a. When the mechanism of injury does not correlate with the clinical condition, suggesting a medical cause of cardiac arrest, standard resuscitative measures should be followed.
- 3. Penetrating trauma patient:
 - a. BLS EMS personnel shall initiate resuscitation until arrival of ALS personnel, unless patient meets obvious death criteria.
 - b. ALS EMS personnel, if patient is found to be pulseless, apneic, and there are no other signs of life, including spontaneous movement, electrocardiographic activity, or pupillary response should not initiate resuscitation and may cease resuscitation efforts, if initiated by BLS. If penetrating trauma and does not meet determination of death, initiate immediate transport. (DO NOT RESUSCITATE ON SCENE)

Kern County Emergency Medical Services Department - Paramedic Treatment Protocols		
DESTINATION DECISION SUMMARY		
Policy Number:	Effective Date: April 10, 2010	Revision Date: December 19, 2023

4. A patient with an approved “Do-Not-Resuscitate” (DNR) document in accordance with Division policy.
5. **Termination of CPR by EMT Personnel** may be considered under the following circumstances for adult patients:
 - a. Arrest was not witnessed by EMS provider or first responder; AND
 - b. No return of spontaneous circulation (ROSC) after 30 minutes of CPR and automated external defibrillator (AED) analysis; AND
 - c. No AED shocks were delivered

F. Termination of CPR by Paramedic Personnel:

1. Paramedic personnel may discontinue resuscitative efforts as outlined below:
 - a. Any case in which information becomes available that would have prevented initiation of CPR had that information been available before CPR was initiated, CPR should be terminated.
 - b. If patient does not meet above criteria, initiate CPR. Consider termination of resuscitation after 30 minutes of resuscitation without ROSC.
 - c. Personnel may consider further resuscitative efforts in the following situations:
 - i. Persistent PEA with End Tidal Carbon Dioxide >20 or trending upwards.
 - ii. Persistent shockable rhythm
 - iii. Paramedic judgement
 - d. Termination of resuscitation and determination of death should be considered for witnessed traumatic cardiopulmonary arrest patients with a fifteen (15) minute or greater transport time to an ED or Trauma Center with effective airway management (effective bag valve mask ventilations with OPA and NPA (unless contraindicated) successful intubation, or supraglottic airway), thoracic needle decompression (if appropriate), and IV therapy.
 - i. Does not apply to lightning strike injuries or drownings
 - ii. If transport time to an ED or Trauma Center is less than fifteen (15) minutes, transport should be initiated immediately. Resuscitate while in transport.
 - e. EMS personnel shall initiate transport and continue resuscitation ONLY when one of the following factors are present:
 - i. ROSC occurs following medical cardiac arrest
 - ii. Hypothermia
 - iii. Barbiturate overdose
 - iv. Drownings
 - v. Penetrating trauma with no obvious signs of death
 - vi. Patient age <18 years (Patient is a minor)
 - vii. Extreme, unusual, or dangerous social or scene situations.
 - viii. Provider discretion with base order.

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G. **Documentation:** A ePCR shall be completed in accordance with existing Division policy. 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 dead.

H. **Disposition of the Decedent:**

1. If a determination of death has occurred and the decedent has not been moved from the original place of death:
 - a. The decedent shall remain at scene and not be transported by Prehospital Care Personnel;
 - b. Any treatment items, such as endotracheal tubes, intravenous catheters, ECG or defibrillation electrodes, shall be left in place;
 - c. Resuscitation equipment, such as bag-valve-mask devices ECG monitoring equipment, etc., may be removed from the decedent;
 - d. Prehospital Care Personnel should ensure that the agency with primary investigative authority has notified the Kern County Coroner's Office of the incident;
 - e. The agency on-scene with primary investigative authority should remain at the scene until released by the Kern County Coroner's Department;
 - f. If public safety personnel are not present at the scene, Prehospital Care Personnel shall remain at scene until public safety personnel or Coroner Investigator arrival; and
 - g. Prehospital Care Personnel shall complete a PCR in accordance with existing Department policy; ensuring to include the time the determination of death was made.
2. If the patient has been moved from the original place of death (i.e. transport has been started; or the patient has been loaded into an ambulance), Prehospital Care Personnel shall inform on-board patient family members of the determination of death and shall cease all resuscitation efforts.
3. Prehospital Care Personnel are not responsible to find and inform family members inside a residence or away from the ambulance if the patient has been loaded and a Base Hospital Physician order to terminate resuscitation has been received.
4. If the patient has been placed into an ambulance but transport has not been started, the ambulance shall remain on the scene with the patient loaded inside the vehicle until released by the law enforcement agency with primary investigative authority.
5. If the patient has been loaded into an ambulance and transport has been started, the patient shall be transported to the closest and most appropriate authorized Receiving Hospital or Base Hospital, but without further resuscitation efforts (termination of resuscitation effort only). Transport should be provided without emergency lights and siren (Code-2 transport).
6. If the patient is to be transported to an emergency department that did not order termination of resuscitation, Prehospital Care Personnel shall make immediate contact and inform the receiving hospital emergency department physician of the situation.