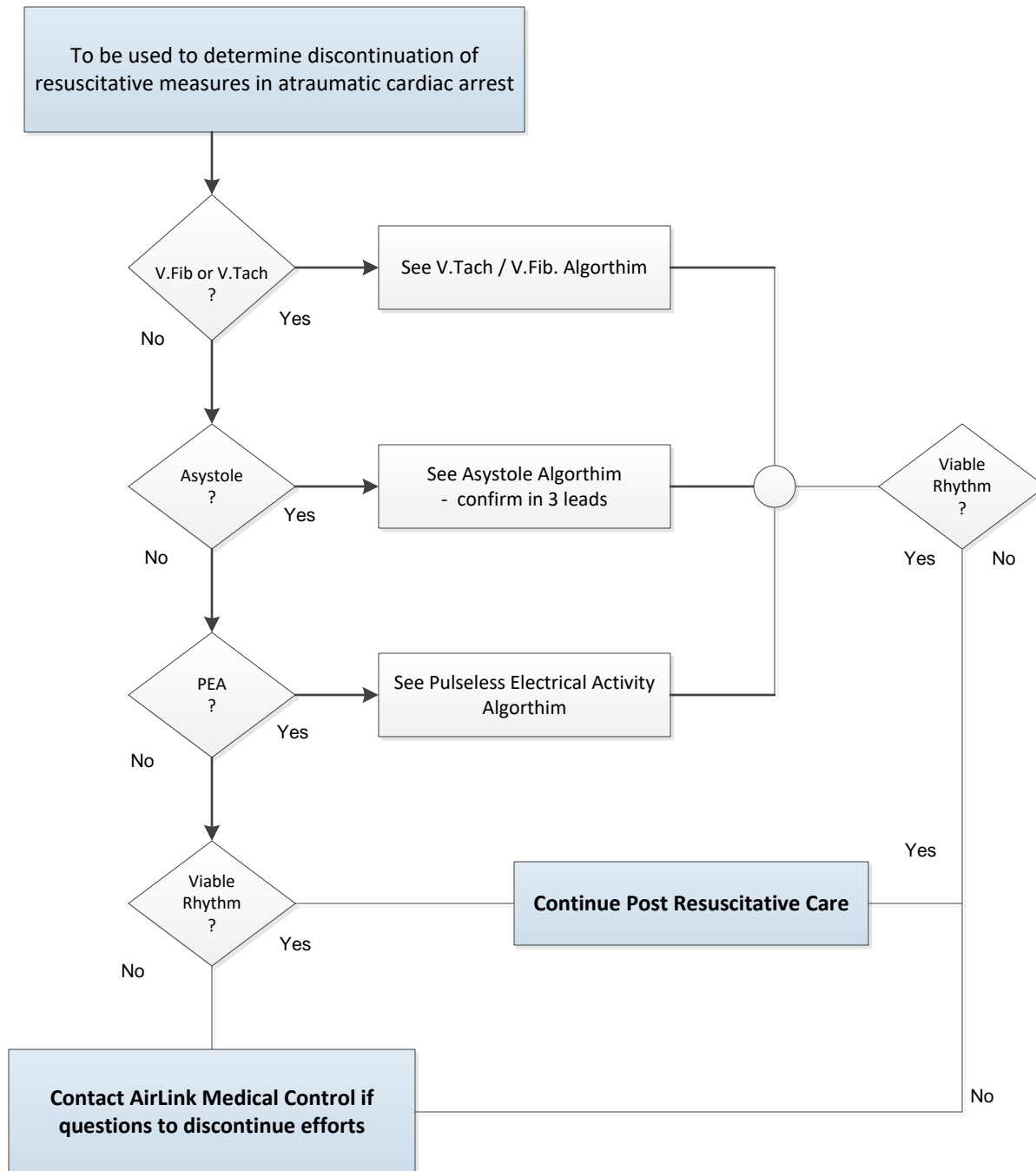


# Death in Field Guideline



## Resuscitative Measures May Be Withheld if the Following:

- The patient has a valid signed "DNR" order. POLST registry # 877-367-7657
- The patient is pulseless and apneic in a mass casualty incident or multiple patient
- A scene where the resources of the system are required for the stabilization of living patients. The patient is decapitated.
- The patient has rigor mortis in a warm environment.
- The patient is in the stages of decomposition.
- The patient has skin discoloration in dependent body parts (dependent lividity)

## **Death in the Field**

### **Purpose**

To provide guidance to medical crews in determining when it may be acceptable to withhold or discontinue resuscitation attempts.

### **Procedures**

- Treatment to be withheld or discontinued for the pulseless and apnic patient upon discovery of one or more of the following situations:
  - The patient has a valid signed "DNR" order or POLST registry #
    - **877-367-7657**
  - The patient has evidence of obvious death:
    - Decomposition
    - Rigor Mortis in a warm environment
    - Injuries are not compatible with life
      - Incineration, evisceration of vital organs, frozen
    - Dependent Lividity
    - Decapitation
    - Blunt force trauma
  - Extended downtime with asystole confirmed in two or more leads.
- If a bystander or first responder has initiated CPR or automated defibrillation prior to an EMS paramedics arrival and any of the above criteria are present, the flight crew may discontinue CPR and ALS therapy after contact with medical control. All other EMS personnel levels must communicate with medical control prior to discontinuation of the resuscitative efforts.
- If doubt exists, initiate resuscitative efforts immediately and continue until the above criteria are discovered or care is transferred to a higher level provider.
- If a patient in cardiac arrest is to be transported by ground, it is encouraged for the flight crew to go with the ambulance to assist as needed.

### **Medical Cardiac Arrest**

In addition to the conditions listed in the "Death in the Field" guideline, medical cardiac arrests should be declared dead:

- ECG shows PEA, asystole, or an agonal rhythm in two leads, and is unresponsive to three rounds of ACLS, no treatable reversible

cause has been identified, and there is no response to optimal airway management.

- Patients in Ventricular Fibrillation / Pulseless Ventricular Tachycardia should be transported, unless a valid DNR order is present or there are other extenuating circumstances.
- If a patient does not meet Death in the Field criteria for terminating resuscitation efforts, but in the flight crews best judgment the patient cannot be resuscitated, consider contacting online medical control.
- Care should be taken in the severe hypothermic patient to ensure absence of pulse and respirations. Perform pulse and respiratory check for 60 seconds and absence of cardiac activity by EKG confirmation of asystole in 2 or more leads.

### **Traumatic Arrest**

- At a trauma scene, the flight crew should consider the circumstances surrounding the incident, including the possibility that a medical event (cardiac arrhythmia, seizure, and hypoglycemia) preceded the accident. When a medical event is suspected, treat as a medical cardiac event. VF should raise your index of suspicion for a medical event.
- Blunt or penetrating trauma patients who have no vital signs in the field may be declared dead on scene if opening the airway does not restore vital signs or signs of life. The patient should NOT be transported unless there are extenuating circumstances.
- A cardiac monitor may be beneficial in determining death in the field when you suspect a medical cause or hypovolemia: A narrow complex rhythm (QRS < .12) may suggest profound hypovolemia, and may respond to fluid resuscitation.
- In instances prior to transport where the patient deteriorates to the point that no vital signs (i.e. pulse/respiration) are present, a cardiac monitor should be applied to determine if the patient has a viable cardiac rhythm. A viable rhythm especially in patients with penetrating trauma may reflect hypovolemia or obstructive shock (tamponade, tension pneumothorax) and aggressive care should be continued.

### **Multi-Casualty Incidents (MCI)**

In an MCI event or when an agencies resources are overwhelmed, care should be focused on viable patients first based on START triage guidelines. If CPR has been started prior to ALS arrival or briefly during

assessment, discontinue if patient has obvious signs of death, valid DNR or POLST, or there is a lack of response in the presence of other salvageable patients.

### **Documentation**

Document the reasons resuscitation was withheld or discontinued, signs of death, any VS assessed, length of time EKG assessed in which leads if applicable, any resuscitative efforts performed, presence and validity of DNR or POLST, medical control if contacted.