GERALD HUBER
Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street,
Suite 2400, MS 20-240
Vallejo, CA 94590

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Medical Services Division

SOLANO COUNTY

BRYN MUMMA, MD, MAS
EMS Agency Medical Director

TED SELBY
EMS Agency Administrator

(707) 784-8155
www.solanocounty.com

POLICY MEMORANDUM 6155

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REVIEWED/APPROVED BY:

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR

TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: RESUSCITATION PARAMETERS

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE § DIVISION 2.5; § 1797.220

PURPOSE/POLICY:

Defines obvious death and when Emergency Medical Technicians (EMTs) and Paramedics can declare deceased patients. Defines probable death and when Paramedics can declare deceased patients and terminate resuscitation. Defines when EMTs and Paramedics should not initiate resuscitation due to a "Do Not Resuscitate" (DNR) Order or an End of Life Option Act Attestation.

I. DETERMINATION OF OBVIOUS DEATH (EMTs and PARAMEDICS)

A. EMTs and Paramedics may determine death if any one of the following criteria is met:

1. Decapitation (separation of the head at the neck)
2. Total incineration of the body;
3. Decomposition of the body;
4. Rigor mortis in two or more joints or signs of lividity.
5. Total separation of the heart or brain from the body or destruction of these organs accompanied by no detectable pulse or respirations.

6. During a Multi Casualty Incident, a patient that has no pulse and is apneic may be declared dead using triage guidelines and/or when sufficient resources are not available to provide resuscitation.

B. If any of the above criteria are met, the EMT or Paramedic will:

1. Cancel the Advanced Life Support (ALS) response, if applicable;
2. Report the death to the appropriate public safety agency with the jurisdiction for the decedent's location and the county coroner. Follow the instructions regarding the decedent from the county coroner.
   a. Provide appropriate comfort and care to bystanders and family.
   b. The decedent will be attended by a responsible party such as family, funeral home personnel, or law enforcement. Do not leave the decedent unattended.

II. DETERMINATION OF PROBABLE DEATH (PARAMEDICS)

A. Paramedics may determine death using the obvious death criteria in Section I of this policy.

B. Paramedics may determine probable death in medical adult or pediatric patients if the patient meets the following criteria:

1. Patient has been observed to be not breathing with no CPR in progress and the patient exhibits all of the following:
   a. Asystole in two leads on a cardiac monitor;
   b. Fixed and dilated pupils.

C. Paramedics may determine probable death in adult and pediatric trauma patients (blunt or penetrating) if the patient meets ALL of the following:

1. Pulseless and apneic upon arrival of paramedic;
2. Asystole or PEA with a heart rate of less than 40 in two leads on a cardiac monitor (any other rhythm is transported according to trauma treatment and transport policies).

D. After determining probable death, the Paramedic will use the steps outlined in Section I(B) for reporting the death.

III. DO NOT RESUSCITATE (DNR) AND SIMILAR ORDERS

A. Solano County EMS personnel may encounter several types of directives in the prehospital setting. Any one of the following are approved DNR orders by the Solano County EMS Agency:

1. A fully executed original or photocopy of the California Emergency Medical Services/California Medical Association Prehospital DNR form;

2. A fully executed original or photocopy of the Physicians' Order for Life-Sustaining Treatment (POLST) form;
3. A written or electronic DNR order by a physician;
4. A medical alert necklace or bracelet stating DNR.

B. Other forms of documentation stating patient wishes such as, but not limited to, an Advance Health Care Directive (AHCD), Durable Power of Attorney for Healthcare (DPAHC), Living Will, or Declaration under the California Natural Death Act, will result in a Base Hospital Physician consult for direction.

IV. DNR PROCEDURES

A. Once the EMS system has been activated, Solano County's policy is to require the presentation of a valid DNR/DNI (Do Not Intubate) authorization to the field personnel before any resuscitation can be withheld.

B. **DNR** means that no chest compressions, defibrillation, endotracheal intubation assisted ventilation or cardiac drugs will be utilized.

C. The patient should receive full palliative treatment for pain, dyspnea, major hemorrhage or other medical condition.

D. Relief of choking caused by a foreign body is usually appropriate, although if breathing has stopped and the patient is unconscious, ventilation should not be assisted. Oral suctioning is permissible for patient comfort.

E. **DNI** means that no means of invasive ventilation or advanced airway will be used.

1. The use of oxygen administration without invasive ventilation is authorized, including the use of CPAP.
2. Use of methods of relieving airway obstruction such as nasal airways or maneuvers to open the airway such as abdominal thrusts are still to be used if indicated.

F. If upon presentation of the DNR/DNI authorization there exists a discrepancy as to the wishes of the patient, **full resuscitation will commence**. If the patient is unconscious and the family directs that resuscitation be done then EMS personnel will do so, and bring the DNR/DNI authorization form to the receiving facility.

1. If the validity of the DNR request is questioned (e.g., form signed by the patient but not by the physician; a family member strongly objecting to the withholding of resuscitative measures), EMS personnel may temporarily disregard the DNR request and institute resuscitative measures until paramedics consult with a Base Hospital physician.

2. If the DNR order is issued verbally over the phone to EMS personnel by the patient's physician, institute resuscitative measures until Paramedics consult with a Base Hospital physician. Obtain a call back number from the patient's physician in case the Base Hospital physician wishes to contact the patient's physician

G. All cases of application of a DNR/DNI in the field will be reviewed by the ALS Provider Agencies as part of their routine quality assurance activities and any problems reported to the EMS office.

V. AB15 END OF LIFE OPTION ACT

AB15 End of Life Option Act is a California State law that authorizes an adult who meets certain qualifications and who has been determined by his/her attending physician to be suffering from a terminal disease to make a request for an "aid-in-dying drug" prescribed for the purpose of ending his/her life in a humane manner. The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug.

A. Within 48 hours prior to self-administering the aid-in-dying drug, the patient is required to complete a "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner." However, there is no mandate for the patient to maintain the final attestation in close proximity. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person named in the final attestation. This will normally require either the presence of a witness who can reliably identify the patient or the presence of a form of identification.

B. There are no standardized "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" forms. If available, EMS personnel should make a good faith effort to review and verify that the document is identified as a "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" and includes the patient's name, signature and date.

C. Provide comfort measures (airway positioning, suctioning) when applicable.

D. Withhold resuscitative measures if patient is in cardiopulmonary arrest. If a POLST or EMSA DNR form is present, follow the directive as appropriate for the clinical situation.

E. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of their mental state. In this instance, EMS personnel shall provide medical care according to standard treatment protocols. EMS personnel are encouraged to consult with a Base Hospital Physician in these situations.

F. Family members may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is objection to the End of Life Option Act, inform the family that comfort measures will be provided and consider Base Hospital Physician consultation for further direction.

VI. TERMINATION OF RESUSCITATION

A. Termination of resuscitation should be considered for those patients without Return of Spontaneous Circulation (ROSC) if one of the following applies:

1. 20 minutes of ALS resuscitation if the patient's cardiac rhythm is asystole, Pulseless Electrical Activity (PEA), or any other agonal rhythm per the American Heart Association (AHA) ACLS algorithm;
2. The arrest was not witnessed, had no bystander CPR, and an Automatic External Defibrillator (AED) was not used OR used but "no shock advised" after three rounds of CPR.

B. Contact with a physician at the intended receiving hospital should be made after resuscitative measures have been underway for 20 minutes without ROSC. The Base Hospital Physician may elect to terminate a field resuscitation by voice contact with the paramedics at the scene or a field resuscitation prior to and/or after initiating ALS measures in any case where it is determined that further ACLS measures are futile. The final decision to terminate resuscitative efforts should be a consensus between the paramedic and the base hospital physician.

C. Adult patients who fail to respond to 20 minutes of full field resuscitative efforts (CPR, defibrillation, airway management, and medication administration in accordance with ACLS Guidelines) are very unlikely to recover or receive no benefit from being transported to a receiving facility.

VII. RESUSCITATION AND TRANSPORT

A. Transportation of adult patient should be initiated in the following circumstances:

1. ROSC.
2. Refractory ventricular tachycardia.
3. Scene factors preclude declaration of death (public places), or in the opinion of the team leaders, the immediate grief response may endanger field personnel and declaration of death may be better handled at the receiving hospital.

B. Pediatric cardiac arrests that do not fit the criteria stated in Sections I and II should be transported to the hospital as soon as reasonably possible.

VIII. DOCUMENTATION FOR TERMINATION OR RESUSCITATION

A. In each instance where the Base Hospital physician has determined further ALS measures are futile and has elected to terminate resuscitation, the paramedic shall:

1. Note in the narrative section of the Patient Care Report (PCR) the name of the physician who orders termination of resuscitative effort AND time of the medical order to terminate resuscitation.
2. Complete a PCR and forward the "Base Hospital Copy" with appropriate ECG strips to the appropriate Base Hospital.

IX. CAUTION

Hypothermia - *A patient who has drowned, has a history consistent with hypothermia, or there is any likelihood that resuscitation is in the patient's best medical interest should have resuscitative efforts started and be transported to the closest appropriate facility as soon as possible.*

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