

SUBJECT: PREHOSPITAL DETERMINATION OF DEATH

Date: 07/01/2014

I. **Authority:** Health and Safety Code, Division 2.5, Section 1798.

II. **Procedure:**

A. When the patient is determined to be obviously dead no basic or advanced life support shall be initiated or continued.

1. The obviously dead are victims who, in addition to absence of respiration and cardiac activity, have suffered one or more of the following:

- a. Decapitation
- b. Evisceration of heart or brain
- c. Incineration
- d. Rigor Mortis
- e. Decomposition

2. Adult blunt traumatic cardiac arrest, with ALL of the following:

- a. No visible signs of life (no spontaneous movement, apneic, pulseless.)
- b. Cardiac rhythm of asystole
- c. Mechanism of injury consistent with injuries

3. Prehospital personnel shall describe the incident and victim's condition on the Prehospital Patient Record, clearly stating the reasons that life support measures were not initiated or were discontinued.

B. All patients with absent vital signs, shall be treated with resuscitative measures, unless they are obviously dead (A.1.) or adult with blunt trauma arrest (A.2.). The Base Hospital Physician may make pronouncement of death by radio communication.

C. In multi-patient incidents, where staffing resources are limited, CPR need not be initiated for arrest victims, however, if CPR has been initiated prior to the arrival of ALS personnel or briefly during assessment, discontinue only if one of the following occurs or is present:

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- 1) Subsequent recognition of obvious death
 - 2) Per BHPO
 - 3) Presence of valid DNR Form/Order, Medallion/Advanced Health Care Directive or Physician Orders for Life-Sustaining Treatment (POLST) form indicating “ Do Not Resuscitate.”
 - 4) Lack of response to brief efforts in the presence of any other potentially salvageable patient requiring intervention.
- D. Except for signs of obvious death, if CPR has been initiated, BLS should be continued while contact is established with the Base Hospital.
1. Once the patient has been pronounced by the Base Hospital Physician, prehospital personnel shall discontinue resuscitative efforts and she/he may contact the Medical Examiner.
 2. Prehospital personnel shall describe the incident and the patient's condition on the Prehospital Patient Record, clearly stating the circumstances under which resuscitative efforts were terminated, to include the name of the Base Hospital Physician who pronounced the patient, and all available EKG monitoring documentation.
 3. Patients placed in an ambulance or undergoing ambulance transport in CPR status may be pronounced by a Base Hospital Physician Order (BHPO). Criteria to pronounce may include:
 - a. Medical futility;
 - b. Latent discovery of a valid DNR;
 - c. Development of obvious signs of death;
 - d. Social concerns on scene such as large gatherings, unattended children, highly visible public settings, sensitive family contacts or crew safety or inclement weather, which may require transport of a patient who would otherwise be pronounced on scene.
 4. Disposition of patients pronounced in an ambulance:
 - a. Deliver the deceased to the closest appropriate BEF and have the deceased logged in as an

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ED patient.

- b. Turn over will be given to the ED staff. The Prehospital Patient Record (PPR) and all personal belongings will be left with the deceased.
 - c. The receiving facility will assume responsibility for the deceased and contact the Medical Examiner and Life Sharing Community Organ Donation, if appropriate, and provide any necessary social services for the family.
- E. For patients with written, Physician Orders for Life-Sustaining Treatment (POLST) that documents do not resuscitate or signed "Do Not Resuscitate" orders, follow procedures as established in San Diego County Division of EMS Policy S-414.
- F. Special Considerations
1. In cases of obvious death, a monitor need not be used to determine death.
 2. If a monitor is used, a patient with a rhythm other than asystole requires a Base Hospital Physician Order for determination of death.
 3. If victims of hypothermia, electrocution, lightning strikes and drowning do not meet obvious death criteria, determination of death requires a Base Hospital Physician Order.
 4. In any situation where there may be doubt as to the clinical findings of the patient, basic life support (BLS/CPR) must be initiated.
- G. Aeromedical Considerations
1. It is not the responsibility of aeromedical prehospital personnel to pronounce the death of a patient in the prehospital care setting. However, there may be situations where the flight nurse is called upon to determine death on scene.
 - a. If despite resuscitation efforts, the patient remains pulseless and apneic, the flight nurse may determine death on scene.

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2. When a death has been determined, no basic or advanced life support shall be initiated or continued.
 - a. The flight nurse is authorized to discontinue CPR or advanced life support (ALS) care initiated at the scene.
 - b. The appropriate law enforcement agency must be notified.
 - c. In situations where no other emergency medical services (EMS) personnel or authorized personnel are available, the flight crew will remain on scene until released by law enforcement.
 - d. The flight crew will document on the prehospital patient record and the flight record the patient's name, if known, the criteria for determination of death, the time the death was determined and resuscitative efforts discontinued.

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