Patient Death, Termination of Resuscitation and Pronouncement

I. Dead on Scene:

A. Inclusion Criteria**:** Initiate or continue CPR for patient found to be in cardiac arrest UNLESS one or more of the following conditions exists:

1. Decomposition
2. Rigor mortis (Caution: do not confuse with stiffness due to cold environment)
3. Dependent lividity
4. Decapitation
5. Incinerated or frozen body
6. Submersion greater than 1 hour documented by the licensed EMS provider after arrival on scene.
7. Gross dismemberment or obvious mortal wounds/conditions (injuries inconsistent with life – i.e., crushing injuries of the head and/or chest)
8. Unwitnessed arrest of traumatic origin, without organized electrical activity (must be asystolic or other rhythm with rate less than 40/min).
9. Patient has a valid "Do Not Resuscitate" identification bracelet or order.
10. In cases of mass casualty incidents, where the number of patients exceeds the providers and resources to care for them, any patient who is pulseless and apneic may be triaged as deceased.

B. **Specific Exceptions**

1. The following DO NOT qualify for use of this policy
   1. Patients struck by lightning
   2. Acutely hypothermic patients
   3. Victims of cold water drowning (unless submersion time is over 1 hour)
2. EMS personnel may initiate resuscitation efforts based upon professional judgement of viability, or if there is any concern over the validity of DNR orders

C. **Procedure**

1. If none of the inclusion criteria are present, continue CPR and follow the appropriate treatment protocol(s)
2. If any of the above inclusion criteria, and none of the exclusion criteria, are met, cease CPR (if performed) and follow Section III Pronouncement/Determination of Death

II. Termination of Resuscitation

Purpose: This Section is to be used when resuscitation has been started by an EMS provider and termination of resuscitation and pronouncement of death is being considered.

A. Follow the **Cardiac Arrest - General Protocol**.
B. If EMS personnel believe a prolonged resuscitation at the scene will be unduly distressing to the patient's family or bystanders, transport may begin prior to the termination of resuscitation.
C. If the resuscitation cannot be safely and efficiently performed on scene transport may begin whenever deemed appropriate by the EMS personnel.
D. If the resuscitation has been unsuccessful after at least 30 minutes (ALS time without ROSC not total resuscitation time), and asystole in all three leads the resuscitation may be terminated with the permission of medical control.

1. If persistent Ventricular Fibrillation or PEA, prompt emergency transport will be initiated.
2. Once resuscitation is initiated by ALS or LALS it may be terminated only at the direction of medical control.
3. ROSC, e.g. return of a pulse resets the 30 minute clock and transport should be initiated.

E. Exceptions to the 30-minute time requirement may be requested of Medical Control.
   1. Care is to be provided, according to protocol, until such time as it is felt that appropriate procedures and medication are administered based on the medical condition and presentation of the patient.
   2. Total resuscitation time is to be provided in the communication.

F. Proceed to the Section III Pronouncement/Determination of Death

G. Once resuscitation is terminated, the prehospital personnel will provide information to the family which should include medical control procedures for termination of resuscitation.

III. Pronouncement/Determination of Death

Purpose: If a patient meets one of the criteria from Section I Dead on Scene or Section II Termination of Resuscitation, EMS personnel shall begin the following procedure for obtaining a pronouncement of death.

MFR/EMT/SPECIALIST/PARMEDIC

A. Present to the medical control physician results of the physical examination, including vital signs.

B. Present results of cardiac monitoring or use of AED, unless one of the obvious signs of death are present (see Section I Dead on Scene).
   1. MFR/EMT/SPECIALIST: Confirm absence of pulse and respiration.
   2. PARAMEDIC: Confirm absence of pulse and respiration and confirm asystole in 3 leads and ETCO2 less than 10 while compressions are paused during pulse check.

C. Present summary of the patient's condition in regards to the following
   1. Present problem
   2. Past medical history, especially as this relates to any terminal illness
   3. Applicability of advance directives
   4. Search for and present the presence of gift of life or other information identifying the individual as a donor.
   5. Presence of durable power of attorney, physician and/or family members and their agreement in limiting life support.

D. Medical control physician will then do one of the following:
   1. Request initiation or continuance of basic/advanced life support measures and/or permit comfort-care-only procedures (e.g. oxygen, suction, medications, transport, etc.)
   2. Request further information to clarify issues.
   3. Pronounce death.

IV. Documentation

A. Record time of pronouncement of death and names of medical control physician and hospital.

B. Document the notified local police authority.

C. Document gift of life or donor status.

V. Out of hospital death – Notifications

A. Law enforcement shall be notified for any out-of-hospital death

B. Responsibility to notify the Medical Examiner:
   1. If a patient is transported to a hospital from the scene, the hospital is responsible for the notification.
   2. If a patient is pronounced dead without being transported to the hospital, the notification is the responsibility of local law enforcement
C. Provide gift of life status to the entity contacting the Medical Examiner's office

VI. Out of Hospital Death – Management, Handling and Movement of Body
A. A body shall not be moved from the location of death without approval of the Medical Examiner's office.
B. Bodies must remain in the physical custody of the police or EMS until released by the Medical Examiner's office.
C. Medical devices utilized during care by EMS must remain in place
D. If there is evidence of suspicious, violent or unusual cause of death, caution should be taken to avoid contamination of the scene.
   1. Police may choose to photograph or document the placement of medical devices, medical equipment, etc. in suspicious situations, prior to their movement or removal.
E. No personal items should be removed from the body with the exception of identification.
F. Bodies may be covered with a sheet which does not shed fibers.
G. If a body is moved, the location should be to a private, secure and nearby location.
H. Bodies must be handled with care and respect for the deceased, the family and the public.

VII. Death in an Ambulance – termination of care
A. Patients with valid DNR orders being transported for any reason, who experience cardiac or respiratory arrest shall have the DNR honored unless, before arresting, the patient expressly withdraws their DNR.
B. Patients for whom transport was initiated but who, during transport, meet the criteria in Section II. Termination of Resuscitation, and for whom On-line Medical Control has approved a termination of resuscitation may have care terminated while still en route to the hospital.

VIII. Death in an Ambulance – transportation of patient's body
A. In the event of a patient death in an ambulance, the body shall be transported to the original destination hospital
   1. The patient's body shall be brought to the Emergency Department
   2. The patient will be registered at the hospital.
   3. The Medical Examiner shall be contacted by the hospital.
B. If a patient is being transferred to a nursing home or to their home, immediately following discharge from a hospital, and death is determined, the body should be brought back to the hospital from which they were discharged, unless the patient is a hospice patient.
   1. If the patient is a hospice patient and hospice will be meeting you at the destination, or the destination is a hospice facility, you may continue on to the destination and relinquish the body to hospice personnel.
   2. If the patient is a hospice patient and hospice personnel will not be meeting you at the destination, continue on toward the destination, contact a supervisor from your agency and evaluate the situation. Where you ultimately go is dependent on how far you are from the destination, if family was intending to meet you at the

destination, if the death was unexpected and any confounding factors. The body may not be left without there being a custodial transfer from EMS to an appropriate healthcare provider.

i. Consider contacting the hospice care provider
ii. Consider consultation with online medical control
iii. If the death was unexpected, contact local law enforcement.

B. If a patient is being transferred to or from a facility to an appointment, where the starting or ending destination was not a hospital:

1. If no DNR exists, treat and transport the patient to a hospital
2. If a DNR exists but the patient is not a hospice patient, determine death, honor the DNR, and transport the body to a hospital
3. If a DNR exists and the patient is a hospice patient, determine death; honor the DNR, refer to VIII.B (1 and 2) above.