I. PURPOSE: To establish criteria for withholding or termination of resuscitation and determination of death by prehospital EMS personnel.


III. POLICY: Prehospital EMS personnel may withhold or terminate resuscitation and determine that a patient is dead, and leave the body in custody of medical or law enforcement personnel, according to the procedures outlined in this policy.

IV. DEFINITION:
1. Prehospital EMS personnel: Prehospital EMS personnel mean all responding EMT-Is and Paramedics, and flight nurses.
2. Further Assessment: “Further assessment” refers to a methodical evaluation for signs/symptoms of life in the apparently deceased person. This evaluation includes examination of the respiratory, cardiac and neurological systems, and a determination of the presence or absence of rigor mortis and dependent lividity. The patient who displays any signs of life during the course of this assessment may NOT be determined to be dead,
3. Hospital: A licensed health care institution that provides acute medical care.
4. Skilled Nursing Facility: A licensed health care institution that provides non-acute care for elderly or chronically ill patients, and has licensed medical personnel on scene (RN or LVN).
5. Hospice: A care program into which terminally ill patients may be enrolled, to assist with the management of palliative care during the terminal stages of illness.
V. PROCEDURE:

A. General Guidelines:

1. The highest medical authority on scene shall determine death in the field.
   a. If BLS responders have any questions or uncertainty regarding
determination of death, BLS measures shall be instituted until arrival
of ALS personnel.
   b. If ALS responders have questions or uncertainty regarding
determination of death, ALS measures shall be instituted until base
hospital contact is made and orders received.

2. Prehospital EMS personnel who have determined death in the field in
accordance with the parameters of this policy are not required to make base
hospital contact.

3. Prehospital EMS personnel who arrive on scene after the patient is
determined to be dead shall not re-evaluate the patient.

PATIENTS WHO ARE OBVIOUSLY DEAD

Upon arrival, prehospital EMS personnel shall rapidly assess the patient. For
patients suffering any of the following conditions, no further assessment is
required. No treatment shall be started and the patient shall be determined
to be dead.
- Decapitation,
- Incineration,
- Hemicorporectomy, or
- Decomposition.

PATIENTS WHO APPEAR TO BE DEAD

(WITH Rigor Mortis and/or Dependent Lividity)

B. Patients who are apneic and pulseless require further assessment as described in
table 1.

1. If rigor mortis and/or dependent lividity are present, and if no response for all
   the assessment procedures indicates signs of life, the patient shall be
determined to be dead.

2. Rigor mortis is determined by checking the jaw and other joints for rigidity.
3. Dependent lividity is determined by checking dependent areas of the body for purplish-red discoloration.

Table 1.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ASSESSMENT PROCEDURES</th>
<th>FINDINGS FOR DETERMINATION OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td>Open the patient’s airway. Auscultate lungs or feel for breaths while observing the chest for movement for a minimum of 30 seconds</td>
<td>No spontaneous breathing. No breath sounds on auscultation.</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Palpate the carotid artery (brachial for infant) for a minimum of 1 minute. Auscultate for heart sounds for minimum 1 minute. OR ALS ONLY- Monitor the patient’s cardiac rhythm for minimum of 1 minute. Check asystole in 2 leads. Obtain a 6-second strip to be retained with the EMS provider documentation.</td>
<td>No pulse. No heart sounds.</td>
</tr>
<tr>
<td>Neurological</td>
<td>Check for pupil response to light. Check for response to painful stimuli.</td>
<td>No pupillary response. No response to painful stimuli.</td>
</tr>
</tbody>
</table>

1. While in the process of the assessment procedures, if any response indicates signs of life, resuscitation measures shall take place immediately.

2. If rigor mortis and/or dependent lividity are present, and if no response for all the assessment procedures indicates signs of life, the patient shall be determined to be dead.

PATIENTS WHO APPEAR TO BE DEAD:
(WITHOUT Rigor Mortis and/or DEPENDENT LIVIDITY)

C. Patients who appear to be dead but display no signs of rigor mortis and/or dependent lividity shall have the cause of apparent death determined to be MEDICAL (including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strikes, and electrocution), or TRAUMATIC (and injuries are sufficient to cause death).

1. MEDICAL ETIOLOGY: Resuscitation measures shall take place.

2. TRAUMATIC ETIOLOGY: Further assessment as defined in Table 1 shall be performed. If no response for all the assessment procedures, the
patient’s age should be determined. (reasonable estimation appropriate if positive determination of age is not possible)

a. For patients younger than 18 years of age, resuscitation measures, including transport to the closest trauma center, shall take place.

b. For patients 18 years or older:

1) **BLS RESPONDERS:**
   a) If the time from initial determination of pulselessness and apnea until trauma center arrival is estimated to be less than 20 minutes, resuscitation measures, including transport to the closest trauma center, shall take place.
   b) If the time from initial determination of pulselessness and apnea until trauma center arrival is estimated to be 20 minutes or more, the patient may be determined to be dead.

2) **ALS RESPONDERS:**
   a) If the time from initial determination of pulselessness and apnea until trauma center arrival is estimated to be less than twenty minutes, using a cardiac monitor, the patient’s rhythm should be assessed.
      (1) If the rhythm is narrow complex PEA, wide complex PEA greater than 30 beats per minute, ventricular tachycardia or ventricular fibrillation, resuscitation measures, including transport to the closest trauma center, shall take place.
      (2) If the rhythm is asystole or wide complex PEA at a rate of 30 beats per minute or slower, the patient shall be determined to be dead.
   b) If the time from initial determination of pulselessness and apnea until trauma center arrival is estimated to be twenty minutes or more, the patient may be determined to be dead, regardless of cardiac rhythm.

D. **Termination of Resuscitation**

1. Base hospitals and EMS personnel should consider terminating resuscitation measures on adult patients (age 18 and older) who are in cardiopulmonary
arrest and fail to respond to treatment under VC EMS Policy 705: Cardiac Arrest, Adult.

2. If resuscitation measures have been initiated, base hospital contact should be attempted before resuscitation is terminated and the patient determined to be dead.

3. If unable to make base hospital contact, resuscitation efforts may be terminated and the patient determined to be dead using the following criteria:
   a. Patients without evidence of trauma who meet termination of resuscitation criteria in VC EMS Policy 705: Cardiac Arrest, Adult.
   b. Patients with blunt or penetrating trauma if the cardiac rhythm is or becomes asystole or wide complex PEA at a rate less than 30 beats per minute.

4. In cases of cardiopulmonary arrest as a result of a lightning strike, electrocution or suspected hypothermia, CPR shall be performed for a minimum of one hour. **BLS responders in these circumstances shall make all reasonable attempts to access ALS care.**

E. **Documentation**
   1. EMS personnel will document determination of death in the approved Ventura County Documentation System (AVCDS).

F. **Disposition of Decedent’s Body**
   1. Deaths that occur in hospitals or skilled nursing facilities, or to patients enrolled in hospice programs, do not require law enforcement response. Under these circumstances the body may be left at the scene.

   2. Deaths that occur anyplace other than a hospital or skilled nursing facility except to patients enrolled in hospice programs, must be reported to law enforcement personnel and the body must be left in their custody.
Ventura County EMS Determination of Death

**FURTHER ASSESSMENT PROCEDURES**

### #1 Respiratory
**BLS and ALS:**
1. Open airway.
2. Auscultate lungs or feel for breaths, while observing the chest for 30 seconds.

### #2 Cardiac
**BLS:**
1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.)
2. Auscultate heart sounds for 1 minute.

**ALS:**
1. Palpate carotid pulse for 1 minute. (Check brachial pulse in infants.)
2. Monitor rhythm for 1 minute; check asystole in 2 leads. Print 6-second strip.

### #3 Neuro
**BLS and ALS:**
1. Check pupils for response to light.
2. Check for response to painful stimuli.

RIGOR OR LIVIDITY?

- **NO**
  - DOD

- **YES**
  - ANY RESPONSE TO FURTHER ASSESSMENT?*
    - **YES**
      - TREAT
    - **NO**
      - DOD

MEDICAL (Including drowning, ingestion, asphyxiation, hanging, poisoning, lightning strike, electrocution)

- **NO**
  - TREAT

- **YES**
  - ANY RESPONSE TO FURTHER ASSESSMENT?*
    - **YES**
      - TREAT
    - **NO**
      - DOD

TRAUMATIC
Blunt or penetrating trauma (sufficient to cause death)

- **NO**
  - YOUNGER THAN 18 YEARS OF AGE?
    - **YES**
      - TREAT
    - **NO**
      - TRAUMA CENTER ETA LESS THAN 20 MIN?
        - **YES**
          - ALS PROVIDER
          - BLS PROVIDER
        - **NO**
          - DOD

Narrow complex PEA, Wide Complex PEA > 30/min, VT or VF?

- **YES**
  - TREAT

- **NO**
  - DOD

TREAT, TX TRAUMA CENTER

- **YES**
- **NO**
  - DOD