DETERMINATION OF DEATH

PURPOSE

This policy provides criteria for Public Safety, Emergency Medical Technician (EMT) and Paramedic personnel to determine death in the pre-hospital setting. This policy outlines the procedures to be followed whenever cardiopulmonary resuscitation (CPR) is not started or if CPR is discontinued in the pre-hospital setting.

AUTHORITY

Health & Safety Code, Division 2.5, §§ 1797.220, 1798.6
California Code of Regulations, Title 22, Division 9

DEFINITIONS

Obviously Dead: Persons who, in addition to the absence of respiration, cardiac activity, and neurological reflexes have one (1) or more of the following:

I. Decapitation
II. Decomposition
III. Incineration of the torso and/or head
IV. Exposure, destruction, and/or separation of the brain or heart from the body
V. Rigor Mortis
VI. A valid Do Not Resuscitate (DNR) form or medallion in accordance with the YEMSA DNR. Note: This applies regardless of the cause of death (e.g. person with a terminal illness who is a trauma victim).

Probable Death: A **Paramedic** may determine death, as follows, for individuals for whom "Obviously Dead" criteria do not apply. The absence of respiration, pulses, and neurological reflexes, in addition to one or more of the following, at the time of INITIAL assessment by the Paramedic:

I. Lividity or 'Livor Mortis' (Lividity or Livor Mortis: Discoloration appearing on dependent parts of the body after death, as a result of cessation of circulation, stagnation of blood, and settling of the blood by gravity), and the monitor shows asystole in two (2) leads.
II. The patient is a victim of cardiac arrest secondary to blunt or penetrating trauma and the monitor shows asystole in two (2) leads.
III. The patient is a victim of cardiac arrest secondary to blunt trauma, and the monitor shows pulseless electrical activity (PEA) at a rate less than or equal to (≤) forty (40) beats per minute.

POLICY

I. CPR need not be initiated and may be discontinued for patients who meet the criteria for "Obviously Dead."

II. Public Safety and Basic Life Support (BLS) personnel are not authorized to determine death based on the "Probable Death" criteria. They are limited to use of "Obviously Dead" criteria only.
III. All other patients shall have base physician consult for determination of death. In the event of communication failure the Paramedic shall not determine death.
IV. If there is any objection or disagreement by family members or pre-hospital personnel regarding terminating or withholding resuscitation, basic life support, including defibrillation, should continue or begin immediately and paramedics should contact the base hospital for further direction

PROCEDURE

I. Obviously Dead
   A. The initial assessment shall include a visual and physical examination. The examination shall be conducted in close proximity and with sufficient lighting to assure the existence of the obviously dead criteria.
   B. The body and scene should be disturbed as little as possible to protect potential crime scene evidence. An immediate request for law enforcement shall be made. See YEMSA Policy, 'Crime Scene Management'.
   C. If the determination of death is based on RIGOR MORTIS, ALL of the following specific assessments shall be completed and documented.
      1. Assessment to confirm absence of respiration:
         a. Assess the patient's airway
         b. Look, listen, and feel for respirations. This shall include auscultation of the lungs for a minimum of thirty (30) seconds.

      2. Assessment to confirm absence of pulse:
         a. Palpate the carotid pulse for a minimum of thirty (30) seconds.
         b. Auscultate the apical pulse for a minimum of thirty (30) seconds.

      3. Assessment to confirm absence of neurological response:
         a. Check for pupil response with a penlight or flashlight.
         b. Check for a response to painful stimuli.

      4. A positive response to any of the above assessments requires immediate resuscitative intervention unless the patient has a valid "Do Not Resuscitate (DNR)" order. See YEMSA Policy, "Do Not Resuscitate".
      5. Assessment to confirmation RIGOR MORTIS
         a. Confirm muscle rigidity of the jaw by attempting to open the mouth.
         b. Confirm muscle rigidity of one arm by attempting to move the extremity.

   D. IF ANY DOUBT EXISTS, pre-hospital personnel shall initiate CPR unless the patient has a valid DNR order.
   E. Document all relevant facts/findings, including approximate time of determination of death, in the electronic Patient Care Report (ePCR).

II. Probable Death (**Paramedic Only**)
   A. The assessments to confirm absence of respiration, pulse and neurological

reflexes (and rigor mortis, if applicable) shall be performed and documented as defined in §§ I.C.1 - 5 and I.E. of this section.

B. Probable death requires confirmation of Asystole in two (2) leads to confirm death. A minimum six (6) second rhythm strip of each lead shall be attached to the ePCR.
C. Notify the county coroner or appropriate investigative authorities.
D. Document all relevant facts/findings, including approximate time of determination of death, in the ePCR.

SPECIAL INFORMATION

I. Hypothermia, drug and/or alcohol ingestion/overdose can mask the positive neurological reflexes which indicate life, so it is imperative to be certain no contributing environmental factors exist, such as cold water submersion or cold exposure. If any possibility exists that such conditions could be a factor, resuscitation should be started immediately.
II. In the event of a disaster/multi-casualty incident, death may be determined in accordance with Simple Triage and Rapid Treatment (START) Triage criteria.
III. EMS personnel shall not transport expired patients by ambulance except in the extremely rare occurrence that a patient expires during transport. In such situations, EMS personnel shall continue resuscitative efforts and continue to the closest receiving facility
IV. If a patient undergoing resuscitation is transported in a ground ambulance to rendezvous with an air ambulance and is determined dead by the flight nurse, the body shall not be moved from the rendezvous location. Notify the county coroner or appropriate investigative authorities.

CROSS REFERENCES

Policy and Procedure Manual
Crime Scene Management
Do Not Resuscitate (DNR)