
DEATH IN THE FIELD (# 8030)

SECTION 1 - INTRODUCTION

- EMTs and paramedics do not pronounce death but rather determine death based on predetermined criteria. **An assessment by paramedics and consultation with the base hospital physician is required for determination of field death not covered by this policy.**
- Prehospital personnel are **not** required to initiate resuscitative measures when death has been determined or the patient has a valid "Prehospital Do Not Resuscitate" directive. Paramedics should contact the base physician anytime support in the field is needed.
- A cardiac arrest form should be completed anytime a cardiac arrest is suspected to be of primary cardiac origin, including DNR's and discontinuation of CPR. Cardiac arrest not of primary cardiac origin (e.g. trauma, hanging, drug overdose, drowning etc.) does not require the completion of a cardiac arrest form. If in doubt, complete the form.
- If **any** doubt exists, begin CPR immediately. Once initiated, CPR should be continued unless it is determined the patient meets determination of death criteria (section 2), a valid DNR form is presented (Section 3) or the patient meets criteria to discontinue CPR (Section 4).
- Multi-casualty incidents are an exception to this policy.
- The local public safety agency having jurisdiction will be responsible for the body once death has been determined. **A dead body may not be moved or disturbed until a disposition has been made by the coroner's bureau.**

SECTION 2 - DETERMINATION OF DEATH**CRITERIA FOR DETERMINATION OF DEATH IN THE FIELD:**

- Apnea
- Pulselessness - No heart tones and no carotid or femoral pulses.
- Documented Asystole:
 - ✓ **EMT-Is:** A non-shockable rhythm and asystole on the monitor for one minute.
 - ✓ **Paramedics:** Asystole on the monitor screen for one minute documented in 2 leads

Only the following patients who exhibit all of the above criteria for determination of death and one or more of the following conditions may be determined dead:

PATIENTS WHO ARE OBVIOUSLY DEAD ***Documentation of all Determination of Death criteria may not be necessary or possible in these patients.*

- Decomposition of body tissues**
- Total decapitation**
- Total incineration**
- Total separation or destruction of the heart or brain**
- Any degree of rigor
- Lividity (*dependant pooling of blood resulting in skin discoloration*)

PATIENTS WHO ARE IN ARREST

- **Medical (Cardiac) Arrest** - following unsuccessful ACLS interventions (see appropriate policies)
- **Trauma Arrest: Adults only.** (*only paramedics may determine death using trauma arrest criteria*)
 - ✓ Blunt trauma arrest
 - ✓ Penetrating trauma arrest
- ✓ Prolonged extrication (> 15 minutes) with no resuscitation possible during extrication.

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Exception: Patients with **suspected hypothermia** will be resuscitated and transported to the closest most appropriate emergency department.

- **Actions**

- ✓ Immediately notify the coroner and appropriate public safety agency (if not already done) and remain on the scene until they arrive.
- ✓ Complete a Patient Care Report form documenting the above and leave the PCR with the patient at the scene in a safe place. If unable to do so, complete the PCR and fax to Coroner's office (510) 268-7333 as soon as possible, but not later than the end of your shift.
- ✓ Search for a donor card (see policy #8034).
- ✓ Rhythm documentation: EKG rhythm strips attached to the PCR, if available.

SECTION 3 - DO NOT RESUSCITATE (DNR)

Authority: Health and Safety Code, Division 2.5, Section 1798. Information contained in this policy is based on "Guidelines for EMS Personnel regarding Do Not Resuscitate Directives", Published by Emergency Medical Services Authority.

- **Purpose:** To establish criteria for field personnel to determine the appropriateness of withholding or discontinuing resuscitative measures based on the wishes of the patient.
- **Philosophy:** Despite pre-planning, 9-1-1 is frequently activated when death is imminent. It is the intent of this policy to honor the wishes of the patient not to perform an unwanted resuscitation by establishing procedures whereby legitimate DNR directives are honored.
- **Definition:** Do Not Resuscitate (DNR) means **no**:
 - ✓ assisted ventilation
 - ✓ chest compressions
 - ✓ defibrillation
 - ✓ endotracheal intubation
 - ✓ cardiotoxic drugs.

Approved Prehospital DNR Directives: - The Prehospital DNR form may be **an original or a copy**. All forms require the patient's signature (or signature of appropriate surrogate) and the signature of the patient's physician to be valid. Field personnel may withhold or discontinue resuscitative measures, if presented with **any one** of the following:

- ✓ A Physician Orders for Life-Sustaining Treatment (POLST) Program form. This form will become the standard DNR form for Alameda County (see below for sample of form).
 - ✓ An approved medallion (e.g. "Medic-Alert") inscribed with the words: "*Do Not Resuscitate-EMS*". Call the 800 number on the medallion for access to advance healthcare directives, including living wills, durable power of health care attorney documents, and organ, tissue, and anatomical gift donation information.
 - ✓ The patient's physician is present on scene and issues a DNR order, or issues a DNR order verbally over the phone to field personnel.
 - ✓ A DNR order signed by a physician in the patient's chart at a licensed health facility.
 - ✓ An EMSA/ CMA "Prehospital Do Not Resuscitate" form.
- **Medical Treatment of the patient with a DNR directive:** If the patient requests treatment, including resuscitation, the request should be honored. The patient should receive treatment for pain, dyspnea, major hemorrhage, relief of choking or other medical conditions. However, if the patient has stopped

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breathing and is unconscious, the DNR directive should be honored.

Although the patient's wishes or instructions should remain paramount, if the patient is unable to state his/her desires and a family member is present and requests resuscitation, it should be initiated. A grief support advisor may be called or paramedics may contact the Base Physician to speak with the family.

- **Patient Identification:** Correct identification of the patient is crucial, but after a good faith attempt to identify the patient, the presumption should be that the identity is correct if proper documentation is present and the circumstances are consistent. A reliable witness may be used to identify the patient, if available.
- **PROCEDURE - With an approved prehospital DNR directive (The POLST form is preferred):**
 - ✓ Field personnel should not start resuscitation. If CPR or other resuscitative measures were initiated prior to the discovery of the DNR directive, discontinue resuscitation immediately.
 - ✓ EMTs cancel the ambulance response.
 - ✓ If the patient is transported, a copy of the DNR directive should go with the patient.
 - ✓ If the patient arrests enroute: 1) do not start resuscitation and 2) continue to the original destination.
- **Documentation:**

- If resuscitation was started and then discontinued, document the time on the PCR.
- A copy of the DNR directive should be attached to the PCR. If a copy is unavailable, document the following:
 - ✓ The type of DNR directive (e.g.: written in the patient chart at a licensed care facility, issued verbally over the phone)
 - ✓ The date the order was issued
 - ✓ The name of the physician.
- If the patient's physician issued the DNR order verbally while **on scene**, document the name of the physician and have the physician sign the PCR.

- **If the validity of the DNR directive is questioned:** Disregard the DNR request and begin resuscitation until paramedics **consult with the base hospital physician**. (e.g. form signed by the patient but not by the physician, or; a family member strongly objecting, etc.)
- **Other forms or directives:** If an approved prehospital DNR directive is not available, CPR should be started until paramedics **consult with the base hospital physician** to discuss the validity of form(s) presented. Examples:
 - ✓ **Advanced Health Care Directive (AHCD)** (enacted in 2000) replaces the California Durable Power of Attorney for Health Care, the California Natural Death Act and living wills; although all of these forms are considered valid. The AHCD contains a section called "Health Care

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Instructions” that has specific information regarding options selected by the patient regarding resuscitation.

SECTION 4 - DISCONTINUATION OF CPR**• CPR may be discontinued:**

- ✓ If CPR was started prior to the discovery of an approved DNR directive
- ✓ Upon further examination the patient meets the determination of death criteria
- ✓ Following an unsuccessful resuscitation - paramedics only

- **Once CPR has been discontinued:** all therapeutic modalities initiated during the resuscitation **must** be left in place until it has been determined by the coroner's bureau that the patient will not be a coroner's case. This includes equipment such as: airways, endotracheal tubes, IV catheters, monitor electrodes, and personal items including clothing, jewelry etc.

• If the coroner's bureau releases the body while field personnel are still on scene:

- ✓ Document the name and badge number of the coroner's investigator on the PCR.
- ✓ Remove and properly dispose of all medical equipment used during the resuscitation attempt.

SECTION 5 - SEARCH FOR A DONOR CARD (*Authority: § 7152.5 Health & Safety Code*)

1. The following persons shall make a reasonable search for a document of gift or other information identifying the bearer as a donor or as an individual who has refused to make an anatomical gift:
 - ▶ **A law enforcement officer** upon finding an individual who the officer believes is dead or near death.
 - ▶ **Ambulance or emergency medical personnel**, upon providing emergency medical services to an individual, when it appears that death of that individual may be imminent. This requirement shall be secondary to the requirement that ambulance or emergency medical personnel provide emergency medical services to the patient.
2. If a document of gift or evidence of refusal to make an anatomical gift is located by the search required above, the hospital and/or coroner's bureau (as applicable) shall be notified of the contents and the document or other evidence shall be sent with the patient.
3. The above search and the results of the search must be documented on the PCR (patient care report).
4. A person who fails to discharge the duties imposed by this section is not subject to criminal or civil liability but is subject to appropriate administrative sanctions.

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HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY										
<p style="text-align: center;">Physician Orders for Life-Sustaining Treatment (POLST)</p> <p><small>First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.</small></p>	<p>Last Name _____</p> <p>First Name/Middle Initial _____</p> <p>Date of Birth _____</p>									
A	<small>Check One</small>	<p>CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.</p> <p><input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/no CPR)</p> <p>When not in cardiopulmonary arrest, follow orders in B, C and D.</p>								
B	<small>Check One</small>	<p>MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.</p> <p><input type="checkbox"/> Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i></p> <p><input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <i>Transfer to hospital if indicated. Avoid intensive care.</i></p> <p><input type="checkbox"/> Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i></p> <p><i>Additional Orders:</i> _____</p>								
C	<small>Check One</small>	<p>ANTIBIOTICS</p> <p><input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.</p> <p><input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs.</p> <p><input type="checkbox"/> Use antibiotics if life can be prolonged.</p> <p><i>Additional Orders:</i> _____</p>								
		<p style="text-align: center;">D</p> <p style="text-align: center;"><small>Check One</small></p> <p>ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food by mouth if feasible.</p> <p><input type="checkbox"/> No artificial nutrition by tube.</p> <p><input type="checkbox"/> Defined trial period of artificial nutrition by tube.</p> <p><input type="checkbox"/> Long-term artificial nutrition by tube.</p> <p><i>Additional Orders:</i> _____</p>								
E	<p style="text-align: center;">SUMMARY OF MEDICAL CONDITION AND SIGNATURES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Discussed with:</p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Health Care Representative</p> <p><input type="checkbox"/> Parent of Minor <input type="checkbox"/> Court-Appointed Guardian</p> <p><input type="checkbox"/> Other: _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Summary of Medical Condition</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Print Physician Name _____</p> </td> <td style="vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">MD/DO Phone Number _____</td> <td style="width: 40%; text-align: center;">Office Use Only</td> </tr> <tr> <td>Physician Signature (mandatory) _____</td> <td>Date _____</td> </tr> </table> </td> </tr> </table>		<p>Discussed with:</p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Health Care Representative</p> <p><input type="checkbox"/> Parent of Minor <input type="checkbox"/> Court-Appointed Guardian</p> <p><input type="checkbox"/> Other: _____</p>	<p>Summary of Medical Condition</p>	<p>Print Physician Name _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">MD/DO Phone Number _____</td> <td style="width: 40%; text-align: center;">Office Use Only</td> </tr> <tr> <td>Physician Signature (mandatory) _____</td> <td>Date _____</td> </tr> </table>	MD/DO Phone Number _____	Office Use Only	Physician Signature (mandatory) _____	Date _____
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Signature of Patient, Parent of Minor, Guardian, or Surrogate										
<small>By signing this form, the surrogate acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.</small>										
Signature (required) _____	Name (print) _____	Relationship (write "self" if patient) _____								
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED										

