1. INTRODUCTION

1.1 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.

1.2 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.

1.3 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.

1.4 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).

1.5 Multi-casualty incidents are an exception to this policy.

1.6 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.

2. DETERMINATION OF DEATH

2.1 CRITERIA FOR DETERMINATION OF DEATH IN THE FIELD:

| 2.1.1 Apnea |
| 2.1.2 Pulselessness - No heart tones and no carotid or femoral pulses. |
| 2.1.3 Documented Asystole: |
| ▶ EMT-1s: 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 |

2.2 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:

2.2.1 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)

2.2.2 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
DEATH IN THE FIELD

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

2.3 Actions

2.3.1 Immediately notify the coroner and appropriate public safety agency (if not already done) and remain on the scene until they arrive

2.3.2 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

2.3.3 Search for a donor card (see page 81)

2.3.4 Rhythm documentation: EKG rhythm strips attached to the PCR, if available

3. DO NOT RESUSCITATE (DNR)

3.1 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

3.2 Purpose: To establish criteria for field personnel to determine the appropriateness of withholding or discontinuing resuscitative measures based on the wishes of the patient

3.3 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

3.4 Definition: Do Not Resuscitate (DNR) means no:

► assisted ventilation
► chest compressions
► defibrillation
► endotracheal intubation
► cardiotonic drugs

3.5 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 became 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

3.6 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 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
DEATH IN THE FIELD

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

3.7 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

3.8 PROCEDURE - With an approved prehospital DNR directive (The POLST form is preferred):

3.8.1 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

3.8.2 EMTs cancel the ambulance response

3.8.3 If the patient is transported, a copy of the DNR directive should go with the patient

3.8.4 If the patient arrests en route: 1) do not start resuscitation and 2) continue to the original
destination

3.9 Documentation:

3.9.1 If resuscitation was started and then discontinued, document the time on the PCR

3.9.2 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

3.9.3 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

3.9.4 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.)

3.9.5 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. For example:

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

4. DISCONTINUATION OF CPR

4.1 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

4.2 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
DEATH IN THE FIELD

4.3 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

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

5.1 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

5.2 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

5.3 The above search and the results of the search must be documented on the PCR (patient care report)

5.4 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
**DEATH IN THE FIELD**

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

**Physician Orders for Life-Sustaining Treatment (POLST)**

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person’s current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First/Middle Name</th>
<th>Date of Birth</th>
<th>Date Form Prepared</th>
</tr>
</thead>
</table>

**A CARDIOPULMONARY RESUSCITATION (CPR):**

- Person has no pulse and is not breathing.
- Attempt Resuscitation/CPR
- Do Not Attempt Resuscitation/DNR (Allow Natural Death)

(Section B: Full Treatment required)

When not in cardiopulmonary arrest, follow orders in B and C.

**B MEDICAL INTERVENTIONS:**

- 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. Antibiotics only to promote comfort. **Transfer if comfort needs cannot be met in current location.**

- Limited Additional Interventions
  Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

- Do Not Transfer to hospital for medical interventions. **Transfer if comfort needs cannot be met in current location.**

- Full Treatment
  Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

  Additional Orders: ____________________________________________

**C ARTIFICIALLY ADMINISTERED NUTRITION:**

- Offer food by mouth if feasible and desired.
- No artificial nutrition by tube.
- Long-term artificial nutrition by tube.

Additional Orders: ____________________________________________

**D SIGNATURES AND SUMMARY OF MEDICAL CONDITION:**

- Patient
- Health Care Decisionmaker
- Parent of Minor
- Court Appointed Conservator
- Other:

**Signature of Physician**

My signature below indicates to the best of my knowledge that these orders are consistent with the person’s medical condition and preferences.

Print Physician Name: __________________________  Physician Phone Number: ______  Date: ______

Physician Signature (required): __________________________  Physician License #: ______

**Signature of Patient, Decisionmaker, Parent of Minor or Conservator**

By signing this form, the legally recognized decisionmaker 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.

Signature (required): __________________________  Name (print): __________________________  Relationship (write self if patient): __________________________

Summary of Medical Condition: __________________________

Office Use Only

SEND FORM WITH PERSON WHenever TRANSFERRED OR DISCHARGED
DEATH IN THE FIELD

- Valid DNR present? (Yes/No)
  - Yes: Do not resuscitate
  - No: Patient pulseless, apneic and asystolic?
    - Yes: Patient exhibits conditions listed for obvious death or arrest? (Yes/No)
      - Yes: Continue resuscitation according to policy
      - No: Discontinue resuscitation
    - No: Valid DNR presented during resuscitation
      - DNR OK'd by Base MD:
        - Yes: Continue resuscitation according to policy
        - No: Unsuccessful resuscitation
      - Unsuccessful resuscitation:
        - Continue resuscitation according to policy

- Talk with the family
- Initiate Grief Support
- Document thoroughly
- Notify appropriate agencies
- Search for Donor Card
- Go to appropriate patient care policy

Valid DNR

DNR OK'd by Base MD

Unsuccessful resuscitation