

Subject: Administration- Patient Care  
ALS - Determination of Death

Associated Policies:

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- I. Authority and Reference (incorporated herein by references)
  - A. Division 2.5 of Health and Safety Code
  - B. California Code of Regulations, Title 22
  - C. North Coast EMS Policies and Procedures
- II. Purpose

To establish regional policy and procedure for advanced life support (ALS) personnel to determine and document death in the prehospital setting. Additionally, this policy shall outline procedures to be followed whenever CPR is withheld or discontinued in the prehospital setting (also, refer to Policy #2307).
- III. Policy
  - A. Do Not Resuscitate (DNR) Requests:

CPR should not be initiated on a pulseless, non-breathing patient when a valid Do Not Resuscitate (DNR) Request, No Code or No CPR Order meeting Policy #2307 requirements is presented.
  - B. Obvious Death:

CPR does not need to be initiated and can be discontinued without prior base contact if a pulseless, non-breathing patient has one or more of the following conditions:

    1. Decapitation
    2. Decomposition
    3. Incineration of the torso and/or head
    4. Visible exposure, destruction, and/or separation of vital internal organs (brain, spinal cord, liver, heart, or lungs).
    5. Rigor or livor mortis (without contributing environmental factors- see special information)
    6. Major trauma resulting in full arrest with a known down time of greater than twenty (20) minutes with no CPR initiated.
    7. Severe injuries obviously incompatible with life.
    8. Submersion greater than or equal to twenty-four (24) hours.
    9. Blunt trauma in asystole or wide complex PEA at less than 40 bmp per Traumatic Arrest Policy # 6542.
  - C. Discontinuation of CPR

Resuscitation attempts may be discontinued under each of the following circumstances:

    1. Upon presentation of a valid Do Not Resuscitate (DNR) Request, No Code or No CPR Order meeting Policy #2307 requirements.
    2. When the EMT is exhausted and cannot continue resuscitative efforts.
    3. When the base hospital physician directs the discontinuation of resuscitative efforts based on the information available to him/her. Some suggested guidelines are:
      - a. Documented apnea and pulselessness > ten (10) minutes without CPR.

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- b. No response without return of pulses or ventricular activity with ACLS greater than twenty (20) minutes.

IV. Procedure

- A. ALS personnel need not initiate CPR when death has been determined using the criteria outlined above.
- B. A cardiac monitor may be used by ALS personnel to assist in their determination of death without being committed to initiation of other ALS procedures.
- C. Discontinuation of CPR that meets criteria in section III.B.
  - 1. Identify all mortal injuries or confirm that a valid Do Not Resuscitate (DNR) Request, No Code or No CPR Order meeting Policy #2307 requirements is provided.
  - 2. Record EKG rhythm strip and confirm asystole.
- D. When CPR is not initiated, or has been discontinued after treatment of asystole or wide complex PEA less than 40 bpm, by BLS, AEMT, or ALS personnel:
  - 1. Notify County Coroner or appropriate investigative authorities if this has not already been done.
  - 2. Complete North Coast EMS Prehospital Care Report (PCR) with all surrounding facts, findings, and time death was determined.

V. Special Information

- A. Division 2.5 of the California Health and Safety Code, Section 1798.6(a), states that the authority for patient care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering medical care.
- B. Hypothermia 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, especially in children. If there exists any possibility that either of these could be a factor, resuscitation should be started immediately.

Approved By EMS Director	<b>Larry Karsteadt</b> (Signature on File at EMS Agency)	Revision
EMS Medical Director	<b>Matthew Karp, MD</b> (Signature on File at EMS Agency)	<b>03/21/2022</b>