DEATH DETERMINATION AND TERMINATION OF RESUSCITATION

ALL PROVIDERS

- General Crime Scene Management Principles as appropriate.

- Treatment Plan
  - EMS may not initiate resuscitation when:
    - Bodily injury or condition incompatible with life such as:
      - Obvious death, decomposition, and/or rigor mortis
      - Obvious fatal wounds without signs of life
      - Dependent lividity
    - Adult apneic/pulseless patient in asystole who has anyone of the following:
      - Had an unwitnessed arrest AND an estimated time interval of greater than 15 minutes from collapse to
        the initiation of CPR
      - Could not have resuscitation started within 15 minutes of arrest due to scene difficulties such as
        extrication, location, or unsafe environment
      - Is a patient in a multi-victim incident where insufficient resources preclude initiating resuscitative
        measures
      - Is a drowning victim with a reasonably determined submersion time of greater than one (1) hour prior to
        exam
      - Is an arrest resulting from blunt or penetrating trauma in whom all signs of life are absent, including
        pupillary reflexes, spontaneous movement, response to pain, spontaneous respirations, or organized
        electrical activity on the cardiac monitor
    - Written or verbal orders that request no resuscitation:
      - A verbal order by a licensed physician in the State of Utah who is present on scene pronouncing the
        patient dead
      - A verbal order by the OLMC physician
      - A Do Not Resuscitate (DNR) written order, bracelet, or necklace from any U.S. state.
      - A signed Physician/Provider Order for Life-Sustaining Treatment (POLST) form from any U.S. state
        indicating that the patient does not desire resuscitative efforts
      - Immediate family member request honoring the patient’s wishes to NOT start CPR, AND has had a
        known chronic or terminal illness, WITH the full agreement of all relatives AND EMS personnel on scene
        AND with concurrence of OLMC. If EMS is uncomfortable with the request, then resuscitative efforts
        should be started
      - OLMC should be consulted for any difficult or questionable case

  - Termination of CPR may be done in the following circumstances without the concurrence of the OLMC per agency
    policy:
    - A valid DNR or POLST form is discovered after resuscitative efforts were initiated
    - Resuscitative efforts were initiated when criteria to not resuscitate were present (as above)
    - A verbal order pronouncing the patient dead by a licensed physician in the State of Utah who arrives on scene
    - Order by the OLMC physician
    - Adult cardiac arrest - resuscitation attempts may be terminated if the patient is in asystole after 20 minutes of
      ACLS on scene if ALL of the following criteria are met:
        - Arrest was not witnessed by EMS personnel
        - No shockable rhythm was identified at any time during the resuscitation
        - No ROSC occurred at any time during the resuscitation

  - Special Considerations for Resuscitation
    - All traumatic and non-traumatic pediatric arrests should be transported to the hospital with resuscitative efforts
      carried out en-route, unless it is an obvious death on scene
    - Arrests not due to cardiac cause or trauma. The following situations require hospital transport and/or or
      prolonged resuscitation attempts
      - Hypothermia
      - Suspected Active Internal Bleeding
      - Submersion Injury
      - Electrocution or Lightning Strike
Dangerous, violent or otherwise unsafe or difficult scene situation. EMS personnel safety and patient respect are of the upmost importance. Assessing the scene to insure a safe and secure environment to continue resuscitation is important. If any concerns about scene safety or personnel security, the patient should be promptly loaded and transported to the hospital.

Pregnant patient > 25 weeks pregnant. Initiate early hospital transport for possible advanced care and possible delivery of the baby (fundal height greater than umbilicus)

Following determination of obvious death or termination of resuscitative efforts:
- Call dispatch to reduce any responding transport(s) to non-emergent.
- Document time of death and circumstances according to system and agency guidelines.
- Turn the body over to the appropriate law enforcement agency.
- Evaluate for, document, and report any indication of non-accidental trauma per the Non-Accidental Trauma/Abuse Guideline.
- Contact the closest patient receiving facility and make them aware of the actions taken, declare a time of death and explain the disposition of the patient.