DEATH DETERMINATION AND TERMINATION OF RESUSCITATION

UPDATED 2/2024

ALL PROVIDERS

- ❑ ***General Crime Scene Management Principles*** as appropriate.
- ❑ **Treatment Plan**
  - **EMS may withhold initiation of resuscitation when:**
    - o 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
    - o Any adult patient who is apneic, pulseless, and has an initial rhythm of asystole who also:
      - ▪ 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 (Exception: Very cold-water submersion <60f or <15c)
      - ▪ Experienced a *traumatic arrest* AND all signs of life are absent, including pupillary reflexes, spontaneous movement, response to pain, spontaneous respirations, or organized electrical activity on the cardiac monitor.
    - o 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, must have patient name printed/stamped on it.
      - ▪ 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 with the concurrence of OLMC:
    - o A minimum duration of professional resuscitation efforts of 20-minutes of non-shockable rhythms and 40-minutes for shockable rhythms (not including bystander CPR)
    - o A valid DNR or POLST form is discovered after resuscitative efforts were initiated
    - o Resuscitative efforts were initiated when criteria to not resuscitate were present (as above)
    - o A verbal order pronouncing the patient dead by a licensed physician in the state of Utah who arrives on scene
    - o Order by the OLMC physician
    - o Adult cardiac arrest - resuscitation attempts may be terminated if the patient is in asystole after 20 minutes of ACLS on scene and ALL 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

✆ Must contact OLMC for approval prior to termination of resuscitation efforts

- **Special Considerations for Resuscitation**
  - All traumatic and non-traumatic pediatric arrests should be transported to the hospital after 15 minutes of on-scene resuscitation with resuscitative efforts continued while enroute, unless it is an obvious death on scene.
  - Arrests not due to cardiac cause or trauma. The following situations require hospital transport and/or prolonged resuscitation attempts:
    - Hypothermia
    - Active Internal Bleeding
    - Drug/toxin overdose
    - Drowning/cold water/snow submersion
    - Electrocution or Lightning Strike
  - Dangerous, violent or otherwise unsafe or difficult situation. EMS personnel safety and patient respect are of the utmost importance. Assessing the scene to ensure a safe and secure environment to continue resuscitation is important. If there are any concerns about scene safety or personnel security, the patient should be promptly loaded and transported to the hospital.
  - Pregnant mother >25 weeks pregnant. Initiate early hospital transport for possible advanced care and possible delivery of the baby
- 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 Guidelines***

Contact the closes patient receiving facility and make them aware of the actions taken, declare a time of death and explain the disposition of the patient

ADULT	**PEDIATRIC (<15 years of Age)** **NOTE: Pediatric weight based dosing should not exceed Adult dosing.**
EMT	**EMT**
AEMT	**AEMT**
PARAMEDIC	**PARAMEDIC**

KEY POINTS/CONSIDERATIONS

There will always be patients and circumstances that deserve special consideration (pediatric drowning or pregnant patients for instance). OLMC should be consulted if there are ever any questions. Always be sensitive to the patient’s desires, family concerns, and on-scene environment to ensure an understanding by all who observe your actions that everything that could and should have been done to resuscitate the patient was done.