

POLICY #125: PREHOSPITAL DETERMINATION OF DEATH / DO NOT RESUSCITATE (DNR) / END OF LIFE CARE

I. PURPOSE

- A. To establish criteria for the determination of death and/or the termination of resuscitative measures and outline the procedure to be followed by EMS personnel in the County of San Luis Obispo (SLO).

II. DEFINITIONS

- Resuscitation: medical interventions whose purpose is to restore cardiac or respiratory activity at the scene of an emergency, which includes chest compressions (CPR), assisted ventilation (breathing), endotracheal intubation, defibrillation, and cardiotonic drugs (heart stimulating drugs).
 - Such measures do **not** affect the provision of life sustaining measures of artificial nutrition or hydration or the provisions of other emergency medical care, including treatment for pain, difficulty breathing, major bleeding, or other medical conditions.

III. POLICY

- A. EMS Personnel may withhold or terminate resuscitation, determine that a patient is dead, and leave the body in custody of medical or law enforcement personnel, according to the procedures outlined in this policy.
- B. The following Do Not Resuscitate (DNR) orders are considered operative to withhold resuscitative measures from patients in accordance with their wishes and the procedures outlined in this policy:
 1. California Durable Power of Attorney for Health Care (DPAHC): As defined in California Civil Code, Sections 2410-2444 and a health care agent designated therein is present, and that agent requests that resuscitation not be done.
 2. Physician Order for Life-Sustaining Treatment (POLST) – Section A “Do not attempt resuscitation/DNR (Allow Natural Death)”
 3. A fully executed Natural Death Act Declaration.
 4. DNR Medallion: A metal or permanently imprinted insignia, worn by a patient, that has been manufactured and distributed by an organization approved by the California State Emergency Medical Services Authority. The insignia must be imprinted with the words “Do Not Resuscitate, EMS,” “Do Not Resuscitate, or “POLST”.
 5. A written document in the patient’s permanent medical record for patients who are in a licensed health care facility, or who are being transferred between licensed health care facilities containing the statement “Do Not Resuscitate”, “No Code”, or “No CPR” **has been read and reviewed** on scene by EMS personnel,

and whose authenticity has been verbally documented by a witness from the health care facility.

C. Nothing in this policy will prevent peace officers from acting within the scope and course of their official duties and pronouncing death as permitted by the policies of their agencies.

IV. PROCEDURE

A. General Guidelines

1. All patients require rapid and immediate medical evaluation.
2. The highest medical authority on scene shall determine death in the field.
 - a. If BLS responders have any questions or uncertainty regarding determination of death, then BLS measures shall be instituted until arrival of ALS personnel.
 - b. If ALS responders have questions or uncertainty regarding determination of death, ALS measures shall be instituted until base hospital contact is made and orders are received.
3. EMS Personnel who arrive on scene after the patient is determined to be dead shall not re-evaluate the patient.
4. The Coroner must be contacted when resuscitation has been withheld or terminated:
 - a. Deceased patients should not be moved unless directed by the Coroner, to access other patients requiring medical care or assessment, for the safety of First Responders, or for other extraordinary circumstances.
 - b. All IV lines, airways, etc., must be left in place whenever resuscitation is terminated in the field.
5. Pre-term deliveries or spontaneous abortions with a gestation \leq 20 weeks without signs of life (pulseless, not breathing) are considered non-viable. A first responder may withhold resuscitation on scene.
 - c. If uncertain as to gestational age begin resuscitation and establish base hospital contact.
 - d. Initiation of resuscitation efforts may be also made based on provider judgement of scene itself.
6. References to "signs of life" in the following sections are based on results from assessment procedures described in Table 1.

Table 1. Assessment procedures for determining absence of signs of life.

CATEGORY	ASSESSMENT PROCEDURES	ABSENT SIGNS OF LIFE
Respiratory	Open the patient's airway. Auscultate lungs or feel for breaths while observing the chest for movement for a minimum of 30 seconds	No spontaneous breathing. No breath sounds on auscultation
Cardiac	Palpate the carotid artery (brachial for infant) for a minimum of 30 seconds. Auscultate for heart sounds for minimum of 30 seconds. OR Monitor the patient's cardiac rhythm for minimum of 1 minute. Obtain a 6-second strip to be retained with the EMS provider's documentation (ALS option only).	No Pulse No heart sounds. OR Asystole in 2 leads
Neurological	Check for pupil response to light. Check for response to painful stimuli.	No pupillary response No response to painful stimuli

B. Upon assessment, if the patient is found to be **obviously dead**, based on any of the following conditions, then no further assessment or treatment shall be started, and base hospital contact is not required:

- Decapitation
- Incineration
- Evisceration of heart or brain
- Decomposition

C. Upon assessment, resuscitation may be withheld without the need for base hospital contact if the patient is absent signs of life **AND** any of the following criteria are met:

1. Rigor mortis and/or dependent lividity is present:
 - a. Rigor is determined to be present when found in the jaw **and** at one more joint(s).
 - b. Dependent lividity is determined by checking dependent areas of the body for purplish-red discoloration.
2. Traumatic arrest and absent signs of life upon EMS arrival.
3. Reliable history of cardiac arrest with no CPR rendered for more than 20 minutes.
4. Severe or multiple injuries clearly incompatible with life.
5. EMS personnel are presented with an operative Do Not Resuscitate (DNR) order.

D. Consultation with Base Hospital is required prior for withholding or terminating resuscitation efforts under the following circumstances:

1. Consultation with the STEMI Base Hospital (French Hospital) physician or MICN:
 - a. Termination of resuscitative measures for medical arrest of cardiac origin > 34 kg unresponsive to ALS procedures after 20 min of resuscitation (include a capnography reading if available).
 - b. Mechanical ventricular device is present.
2. Consultation with the SLO Trauma Center (SVRMC) physician or MICN:
 - a. Traumatic Arrest **with** signs of life upon EMS arrival, unresponsive to ALS procedures and more than 20 minutes estimated time for transport to Trauma Center or closest hospital (refer to protocol #661).
3. Consultation with the closest SLO base hospital physician or MICN:
 - a. All other termination orders: e.g. medical arrest of pediatrics <34kg, atraumatic arrests due to non-cardiac origin (refer to protocol #641).

E. An operative DNR is presented for patient with a pulse and or respiratory effort:

1. Provide care and treatment within paramedic scope of practice, unless clearly excluded by the documents.
2. POLST - follow the directions noted in Section A - cardiopulmonary resuscitation (CPR) and Section B - medical intervention.
3. Other advanced directives - follow any supportive care and interventions as noted.
4. Consult the Base Hospital if situation or legitimacy of the DNR is unclear.

F. During a Mass Casualty Incident (MCI), determination of death procedures are modified as follows:

1. Utilize START Adult Triage Algorithm and JumpSTART Pediatric Triage Algorithm for the assessment of patients.
2. Base contact is **NOT** necessary for withholding resuscitation efforts or determination of death during an MCI.
3. A triage tag denoting "black" with the time of the initial evaluation and findings must be applied to the patient.

V. DOCUMENTATION

- A. The circumstances under which resuscitation was not initiated or was terminated, including results of physical exam, and/or any additional findings such as a lack of heart and lung sounds, fixed and dilated pupils, skin color, ECG tracing and capnography if available.
- B. The resuscitation measures performed, if any, and the results thereof.
- C. The name of the EMS personnel terminating resuscitative measures or the name of the Base Hospital physician who pronounced the patient.
- D. The time of termination or non-initiation of resuscitation.

E. When DNR is present:

1. Name of physician on the DNR.
2. Date the DNR order was signed.
3. Type of DNR - attach copy when possible.
4. Name of the person that confirmed patient identity.
5. Name and certification # of the person and the agency name if determination or resuscitative measures were made by other than the transporting agency.

VI. AUTHORITY

- California Health and Safety Code, Division 2.5
- California Code of Regulations, Title 22, Division 9
- California Probate Code Sections 4780-4785.

VII. REFERENCES

- [POLST California](#)
- [START Adult Triage Algorithm - CHEMM](#)
- [JumpSTART Pediatric Triage Algorithm - CHEMM](#)

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	