GUIDELINE/PROCEDURES: DEAD ON ARRIVAL (DOA)

PURPOSE

EMS should not begin to resuscitate if any of the following criteria for death in the field are met for a patient who presents pulseless, apneic and with any one of the following:

- Decapitation
- Massive crush injury of the head, chest, or abdomen
- Gross decomposition
- Gross rigor mortis without hypothermia
- Gross incineration
- Severe blunt trauma
- Ohio DNR Comfort Care order
- Other DNR as validated by on-line physician

PROCEDURE

In all cases, contact with Medical Control should be immediate and well documented. Obtaining an EKG of asystole in two leads may be possible in some cases. When the on - line physician states to do nothing, it should be documented as the pronouncement of death. Once this is done, the police should assume control of the scene, and EMS may go back into service. **FOLLOW DEPARTMENTAL SOP FOR CONTACTING COUNTY CORONERS OFFICE.**

- If a patient is in complete cardiopulmonary arrest (clinically dead) and meets one or more of the criteria below, CPR and ALS therapy need not be initiated:
  - Gross decomposition
  - Gross rigor mortis without hypothermia
  - Gross incineration
  - Dependent lividity
  - Severe blunt force trauma
  - Injury not compatible with life (i.e., decapitation, burned beyond recognition, massive open or penetrating trauma to the head or chest with obvious organ destruction)
  - Extended downtime with Asystole on the EKG
- If a bystander or first responder has initiated CPR or automated defibrillation prior to an EMS Paramedic's arrival and any of the above criteria (signs of obvious death) are present, the Paramedic may discontinue CPR and ALS therapy. All other EMS personnel levels must communicate with medical control prior to discontinuation of the resuscitative efforts.
- If doubt exists, start resuscitation immediately. Once resuscitation is initiated, continue resuscitation efforts until either:
  - Resuscitation efforts meet the criteria for implementing the Termination of Resuscitative Efforts Protocol, if valid in the EMS jurisdiction.
  - Patient care responsibilities are transferred to the destination hospital staff.
  - When a Dead on Arrival (DOA) patient is encountered, the squad members should avoid disturbing the scene or the body as much as possible, unless it is necessary to do so in order to care for and assist other victims. Once it is determined that the victim is, in fact, dead the squad members should move as rapidly as possible to transfer responsibility or management of the scene to the Police Department. EMS should not pronounce enroute.
  - Pregnant patients estimated to be 20 weeks or later in gestation should have standard resuscitation initiated and rapid transport to a facility capable of providing an emergent C-section. Paramedics **CANNOT** perform a C-section even with Medical Control permission.
  - Victims of lightning strike, drowning, or a mechanism of injury that suggested non-traumatic cause for cardiac arrest should have standard resuscitation initiated.
  - If the patient is pronounced on scene, leave the ETT, IV, and other interventions in place.