



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

DETERMINATION OF DEATH

Adult

Pediatric

Purpose

This policy provides criteria for Public Safety, Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) and Paramedic personnel to determine death in the prehospital setting.

Definitions

Rigor Mortis: The stiffening of the body after death that normally appears within the body around 2 hours after the deceased has died. The smaller muscles are affected first followed by the subsequent larger muscles throughout the body.

Lividity or Livor Mortis: Discoloration appearing on dependent parts of the body after death, as a result of cessation of circulation, stagnation of blood, and settling of the blood by gravity.

Apical Pulse: The pulse that can be heard by auscultation at the bottom left of the heart (apex).

BLS (Public Safety, EMR, EMT)

Obviously Dead

CPR need not be initiated and may be discontinued for patients who meet the criteria for "Obviously Dead"

One (1) or more of the following:

- Decapitation
- Decomposition
- Incineration of the torso and/or head
- Exposure, destruction, and/or separation of the brain or heart from the body
- A valid DNR or POLST form or medallion in accordance with the YEMSA DNR Policy
- Rigor Mortis – If the determination of death is based on RIGOR MORTIS, **ALL** of the following assessments shall be completed:
 1. Assessment to confirm RIGOR MORTIS:
 - Confirm muscle rigidity of the jaw by attempting to open the mouth and/or
 - Confirm muscle rigidity of 1 arm by attempting to move the extremity
 2. Assessment to confirm absence of respiration:
 - Look, listen, and feel for respirations
 - Auscultation of lung sounds for a minimum of 30 seconds
 3. Assessment to confirm absence of pulse:
 - Palpate the carotid pulse for a minimum of 30 seconds
 4. Assessment to confirm absence of neurological response:
 - Check for pupil response with a penlight or flashlight
 - Check for a response to painful stimuli



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| Adult | Pediatric |
|---|-----------|
| ALS | |
| Probable Death | |
| <p><u>CPR need not be initiated and may be discontinued for patients who meet the criteria for "Probable Death"</u></p> <p>Persons who, in addition to the absence of respirations, pulses, and neurological reflexes have 1 or more of the following:</p> <ul style="list-style-type: none"> • Lividity or 'Livor Mortis' and the monitor shows asystole in 2 leads • The patient is a victim of cardiac arrest secondary to blunt or penetrating trauma and the monitor shows asystole in 2 leads • The patient is a victim of cardiac arrest secondary to blunt trauma, and the monitor shows PEA at a rate \leq 40 BPM <p>Probable death shall be confirmed with:</p> <ol style="list-style-type: none"> 1. Assessment to confirm absence of respiration: <ul style="list-style-type: none"> • Look, listen, and feel for respirations • Auscultation of lung sounds for a minimum of 30 seconds 2. Assessment to confirm absence of pulse: <ul style="list-style-type: none"> • Palpate the carotid pulse for a minimum of 30 seconds • Auscultate the apical pulse for a minimum of 30 seconds 3. Assessment to confirm absence of neurological response: <ul style="list-style-type: none"> • Check for pupil response with a penlight • Check for a response to painful stimuli <p style="margin-left: 40px;">Confirmation of asystole in 2 leads (6 second strips shall be attached to the ePCR)</p> | |
| Consider | |
| <ul style="list-style-type: none"> • IF ANY DOUBT EXISTS, prehospital personnel shall initiate CPR • If there is any objection or disagreement by family members or prehospital personnel; CPR should begin or continue and Paramedics should contact the Base Hospital Physician for further direction • The body and scene should be disturbed as little as possible to protect potential crime scene evidence • Hypothermia, drug and/or alcohol ingestion/overdose can mask the positive neurological reflexes which indicate life. If any possibility exists that such conditions could be a factor, resuscitation should be started immediately • In the event of a disaster/multi-casualty incident, death may be determined in accordance with START Triage criteria • EMS personnel shall not transport expired patients by ambulance. In the event that a patient expires during transport EMS personnel shall continue resuscitative efforts and continue to the closest receiving facility • If a patient undergoing resuscitation is transported in a ground ambulance to rendezvous with an air ambulance and is determined dead by the flight crew, the body shall not be moved from the rendezvous location | |



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| Direction(s) | |
| <ul style="list-style-type: none">• Notify the county coroner or appropriate investigative authorities• Document all relevant facts/findings, including approximate time of determination of death | |