

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2033.12
	<u>PROGRAM DOCUMENT:</u> Determination of Death	Draft Date:	09/01/92
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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To outline the procedures to be utilized in the field by Sacramento County Emergency Medical Services Agency (SCEMSA) Paramedics and Emergency Medical Technicians (EMT) for the determination of death of emergency patients.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

- A. Paramedics and EMTs need not initiate nor continue cardiopulmonary resuscitation (CPR) when death has been determined, respective to the individual's scope of practice, using the steps outlined below.

Definitions:

- A. Visual examination of the remains is the viewing of the body with sufficient proximity and lighting to assure existence of the death determining condition.
- B. Physical examination is the touching of the body and exposing the area to sight as necessary to determine the existence of the condition.
- C. Absence of palpable pulses is the absence of pulses after palpating for carotid pulses for at least ten (10) seconds.
- D. Asystole by monitor is the attachment of leads and the running of at least six (6) second strips in two (2) different leads. Asystole is the absence of **ALL** cardiac electrical activity
- E. Rigor Mortis - The stiffness seen in corpses. Rigor mortis begins with the muscles of mastication and progresses from the head down the body affecting legs and feet last (Tabor's). Generally manifested in one (1) - six (6) hours and maximum six (6) - twenty-four (24) hours.
- F. Livor Mortis – Cutaneous, dark spot on dependent portion of a cadaver (Tabor's). Generally manifested within one-half (½) to two (2) hours. Reaches maximum in eight (8)-twelve (12) hours.

Conditions with minimal confirming examination and assessment necessary to determine death without a physician's order.

- A. Where more than one criteria is listed, all (elements) must be present to confirm death in the identified setting. These apply only to the initial assessment and will determine

whether or not cardiopulmonary resuscitation efforts will be initiated. In all cases when determination is considered, it is assumed that there is no breathing, no pulse and no response to stimuli. If there is any doubt, initiate cardiopulmonary resuscitation. Assessment for confirming conditions shall take thirty (30) seconds or less.

Obvious Death- EMT or Paramedic:

- A. Decapitation: visual examination of remains.
- B. Incineration: visual examination of remains.
- C. Decomposition: visual examination of remains.
- D. Separation of brain and/or heart from the body: visual examination of remains.
- E. Rigor Mortis: physical examination of jaw and one limb with findings of rigor.

Determination of Death- Paramedic only:

- A. Physical examination of the body (to include palpation and visualization of the dependant parts) indicate Livor Mortis: asystole by monitor in two (2) leads.
- B. The patient has no life signs and Rigor Mortis and/or Livor Mortis cannot be assessed or is difficult to assess.
 - 1. Skin temperature is the same as the ambient temperature.
 - 2. Asystole in two (2) leads.
- C. Traumatic injuries (if appropriate; respect the possibility of a crime scene):
 - 1. Absence of all pulses, and
 - 2. Asystole by monitor in two (2) leads, or
 - 3. Pulseless electrical activity (PEA) at a rate of less than or equal to 40 beats per minute.
- D. Documented submersion greater than or equal to 60 minutes.
- E. Consider termination of resuscitation efforts if patient remains in asystole after **ONE** of the following has been performed:
 - 1. 3mg of Epinephrine
 - 2. 20 minutes of Advanced Life Support (ALS) care has been rendered.
- F. In all other circumstances (except Do Not Resuscitate cases) full resuscitation must be initiated.
- G. In all cases when death has been determined, notify the Coroner's office or investigating agency. Follow the direction of the Coroner's office/investigative agency as to who has custody of the body. Evidence of a hospice patient receiving care from a physician or registered nurse who is a member of a hospice care interdisciplinary team, within twenty (20) days before death does not require coroner notification. When the investigating agency releases prehospital personnel, they may depart the scene. In all cases, documentation will be forwarded to the Coroner's office within 72 hours or sooner if requested by the Coroner's office.

Cross Reference: PD# 2085, Do Not Resuscitate,
PD#2085, Cardiac Arrest, PD#8031