

Approval: Troy M. Falck, MD – Medical Director	Effective: 12/01/2024
Approval: John Poland – Executive Director	Next Review: 07/2017

General Procedures/Considerations:

- CPR need not be initiated and may be discontinued for pts who meet Obvious Death or Probable Death criteria as contained in this protocol, at the time of initial assessment.
- A valid Do Not Resuscitate (DNR) should be honored for any pt with absent respirations, pulses and neurological response, regardless of the cause of death (e.g. terminal illness, trauma).
- Hypothermia, drug and/or alcohol overdose can mask neurological reflexes. If any doubt exists about contributing environmental factors (e.g. cold water submersion) and no valid DNR exists, initiate resuscitation and treat according to applicable S-SV EMS protocol.
- In the event of a declared MCI, death may be determined in accordance with START/JUMP START criteria.
- For all pts treated under this protocol, the following must be assessed/confirmed (as possible):
 - Absent respirations: look, listen (auscultate), and feel for respirations for a minimum of 30 secs.
 - Absent pulses: palpate both the carotid and apical pulses for a minimum of 30 secs.
 - Absent neurological response: check pupil response with a light and check for response to painful stimuli.
- If the base/modified base hospital physician directs EMS personnel to stop resuscitation efforts once transport has begun, the ambulance shall reduce transport code and continue transport to the original destination hospital.
- If determination of death is made at rendezvous location with HEMS aircraft, the body shall not be moved from the ambulance and an immediate request for law enforcement shall be made.
- If there is any objection/disagreement by family members or EMS personnel to terminating or withholding resuscitation for pts who have a valid DNR or meet probable death criteria, BLS measures (including defibrillation) shall continue or begin immediately and EMS personnel shall contact the base/modified base hospital for further direction.

Instructions for EMS Personnel Upon Determination of Death:

- If not already on scene, request law enforcement
- Minimize contact with the body and scene to protect potential crime scene evidence
- Appropriate EMS personnel shall remain on scene until released by law enforcement
- Provide law enforcement with the following minimum information:
 - Unit ID
 - Name and certification/license # of EMS provider determining death
 - Patient demographics and known, pertinent medical history
 - Determination of death date and time
- At a minimum, the PCR must include the following:
 - Time of determination of death
 - Six-second cardiac monitor strip of two (2) leads for pts meeting probable death criteria (AEMT II)



Sierra – Sacramento Valley EMS Agency Treatment Protocol

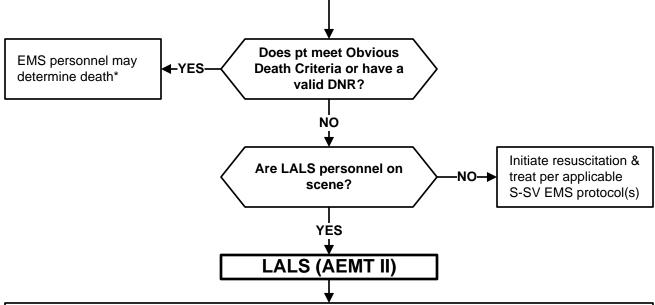
G-2 (LALS)

Determination Of Death

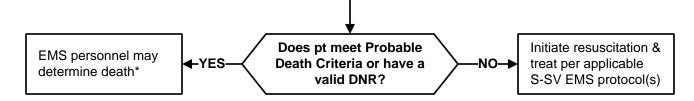
Determination of Death Assessment Criteria (all pts must have absent respirations, pulses & neurological response)



- Assess for the presence of one (1) or more of the following Obvious Death Criteria:
 - Decapitation
 - Decomposition
 - Incineration of torso and/or head
 - Exposure, destruction and/or separation of the brain or heart from the body
 - Rigor mortis if determination of death is based on rigor mortis, EMS personnel must 1) confirm muscle rigidity of the jaw by attempting to open the mouth & 2) confirm muscle rigidity of one arm by attempting to move the extremity



- Assess for the presence of one (1) or more of the following **Probable Death Criteria**:
- Lividity or Livor Mortis & cardiac monitor showing asystole in two (2) leads
- Blunt or penetrating trauma & cardiac monitor showing asystole in two (2) leads
- Blunt trauma & cardiac monitor showing PEA at a rate ≤40/min



*Once EMS personnel have determined death, they shall follow the 'Instructions for EMS Personnel Upon Determination of Death' contained on page 1 of this protocol