



DEATH IN THE FIELD



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol is divided into separate sections that cover the different situations of death in the field that the paramedic will be presented with.

All patients found in cardiac arrest **will** receive cardiopulmonary resuscitation unless an exception is met as outlined in the following sections:

I. Advanced Directives / Do Not Resuscitate Order (DNRO).

II. Determination of Death.

III. Discontinuance of CPR.

I. ADVANCED DIRECTIVES / DO NOT RESUSCITATE ORDER (DNRO)

A. LEGISLATIVE AUTHORITY.

Under Chapter 401.45, Florida Statutes (F.S.) "Denial of Emergency Treatment Civil Liability" a competent adult, or an incompetent adult, through health care surrogate who was previously chosen, or proxy or guardian, has the right to be able to control decisions regarding medical care, including the withdrawal or withholding of life-prolonging procedures. This legislation authorizes EMS personnel to honor a prehospital **Do Not Resuscitate Order (DNRO)**. This legislative authority **does not** include a "**Living Will.**"

B. VALID DO NOT RESUSCITATE ORDERS.


1. An original yellow DNRO DOH Form 1896 executed as required by State Statute (with original signatures).
2. A copy on yellow paper (or similar color to the original) of DNRO DOH Form 1896 executed as required by State Statute (with original signatures).
3. The patient is wearing a bracelet, which identifies the patient and indicates the patient has executed a DNRO in accordance with DOH



Approved: 10/01/2011
Version: 3.1

Page 1 of 7

Approved by:


Charles Neal, D.O. Medical Director



DEATH IN THE FIELD



Escambia County, Florida - ALS/BLS Medical Protocol

Form 1896.

- a. In this instance, EMS personnel **MUST** receive the original DNRO DOH Form 1896 or a copy on yellow paper that contains original signatures (attach to EMS Run Report).
4. A DNRO document from a licensed health care facility or hospice facility, either the original or a copy with original signatures. To honor a facility's DNRO it shall:
 - a. State that it is a DNRO and provides instructions that the patient is not to be resuscitated in the event of cardiac or respiratory arrest.
 - b. Have an effective date, which predates the date the assistance is requested.
 - c. Includes the patient's full legal name typed or printed.
 - d. Be signed by the patient's attending physician and include the physician's medical license number, telephone number, and date completed.
 - e. Be signed and dated by the patient if competent or if the patient is incompetent, by the patient's health care surrogate, legal guardian, or proxy.
 - f. Be signed and dated by at least two witnesses.
5. Oral orders from non-Physician staff members, or telephoned requests from an absent Physician do not adequately assure Paramedics that the proper decision making process has been followed and are **NOT** acceptable.

C. CONFIRMATION AND DOCUMENTATION.


1. The Paramedic must confirm the identity of the patient with a DNRO through a driver's license, other photo identification, or from a witness in the presence of the patient. If a witness is used to identify the



Approved: 10/01/2011
Version: 3.1

Page 2 of 7

Approved by:


Charles Neal, D.O. Medical Director



DEATH IN THE FIELD



Escambia County, Florida - ALS/BLS Medical Protocol

patient, this shall be documented in the EMS Run Report and will include:

- a. The full name of the witness.
- b. The address and telephone number of the witness.
- c. The relationship of the witness to the patient.

II. DETERMINATION OF DEATH

The EMT or PARAMEDIC may determine that the patient is dead/non-salvageable and decide not to resuscitate the patient under the following guidelines.


- A. The patient may be determined to be dead/non-salvageable and will not be resuscitated or transported if all four (4) presumptive signs of death and at least one (1) conclusive sign of death is identified.
 1. The four presumptive signs of death that **MUST** be present are:
 - a. Unresponsiveness.
 - b. Apnea.
 - c. Pulseless.
 - d. Fixed dilated pupils.
 2. In addition to the four presumptive signs of deaths, at least one (1) of the conclusive signs of death that **MUST** be present are:
 - a. Injuries incompatible with life (eg. decapitation, massive crush injury, incineration, etc.).
 - b. Tissue decomposition.
 - c. Rigor Mortis of any degree with warm air temperature.
Hardening of the muscles of the body, making the joints rigid.



Approved: 10/01/2011
Version: 3.1

Page 3 of 7

Approved by:


Charles Neal, D.O. Medical Director



DEATH IN THE FIELD



Escambia County, Florida - ALS/BLS Medical Protocol

- d. Liver Mortis (Lividity) of any degree and/or generalized cyanosis.

Venous pooling of blood in dependent body parts causing purple discoloration of the skin, which does blanch with pressure.

- e. Asystole in three leads recorded on monitor. An EKG monitor strip should be attached to each patient care form, when feasible.
- 3. Patients with suspected hypothermia, barbiturate overdose, or electrocution require full ALS resuscitation unless there are injuries incompatible with life or tissue decomposition.
 - 4. EMS personnel may contact medical direction for a "determination of death" anytime support in the field is desired. Clearly state the purpose for the contact as part of your initial hailing.
 - 5. Children are excluded from this protocol unless EMS personnel make contact with medical direction for consultation. Only in cases of obvious prolonged death should CPR not be started or discontinued on infants, children, young adults.

B. A trauma victim who does not meet the "Determination of Death" criteria listed above may be determined to be dead/non-salvageable based on the following criteria:


- 1. Pulselessness and apnea with asystole (confirmed in three leads) associated with:
 - a. Blunt trauma arrest.
 - b. Prolonged extrication time (> 15 minutes) where no resuscitative measures can be initiated prior to extrication.
- 2. If there is any concern regarding leaving the patient at the scene, begin



Approved: 10/01/2011
Version: 3.1

Page 4 of 7

Approved by:


Charles Neal, D.O. Medical Director



DEATH IN THE FIELD



Escambia County, Florida - ALS/BLS Medical Protocol

resuscitation and transport.

3. Consideration should be given for the possibility of organ harvest, however this should not be the sole reason for resuscitation.

- C. Absence of pulse or spontaneous respiration in a multiple casualty situation where EMS resources are required for stabilization of living patients.

The local law enforcement agency, which has jurisdiction, will be responsible for the body once death has been determined. The body is to be left at the scene until a disposition has been made by the Medical Examiner's Office or local jurisdiction.

III. DISCONTINUANCE OF CPR


- A. Resuscitation that is started in the field by EMS personnel cannot be discontinued without an order from medical direction. EMS personnel are not obligated to continue resuscitation efforts, which were started inappropriately by others at the scene. HOWEVER, contact with medical direction is necessary to cease resuscitative efforts in ALL situations.
- B. When there is a delay in presenting a DNRO to EMS personnel, resuscitation must be started. However, once the DNRO is presented to EMS personnel, the EMT or PARAMEDIC with an order from medical direction may terminate resuscitation.
- C. A PARAMEDIC with an order from medical direction may terminate resuscitation provided the following criteria are met:
 1. Appropriate BLS and ALS have been attempted without restoration of circulation and breathing.
 2. Persistent asystole or agonal EKG patterns are present and no reversible causes are identified.
 - a. Patients with suspected hypothermia, barbiturate overdose, or electrocution require full ALS resuscitation, unless there are injuries incompatible with life or tissue decomposition.



Approved: 10/01/2011
Version: 3.1

Page 5 of 7

Approved by:


Charles Neal, D.O. Medical Director



DEATH IN THE FIELD



Escambia County, Florida - ALS/BLS Medical Protocol

D. Provide appropriate grief counseling or support to the patient's immediate family, bystanders, or others at the scene.

1. Provide family members with appropriate referral information, if available.

E. Patient Preparation.


1. Once it has been determined that the patient has expired and resuscitation will not continue, DO NOT cover the body with a sheet or other suitable item. DO NOT remove any property from the body or the scene for any purpose.
2. **If death attended by physician, i.e.: (under physician's care, such as in nursing home or hospital)**, immediately notify nursing supervisor. Nursing supervisor will contact attending physician and notify of death, and make disposition of the body per attending physician instructions. If the death is unattended, i.e.: (such as at residence or in ALF) notify the appropriate law enforcement agency (if not done already), and remain on scene until their arrival for disposition of body.
3. Complete the EMS run report, documenting the above criteria. Paper reports, may leave a copy with law enforcement for the Medical Examiner's Office. If computer form, a copy will be faxed to the Medical Examiner's Office via Department's EMS Billing Division.
4. EKG rhythm documentation must be attached to the EMS run report on all deceased patient, if possible.
5. Endotracheal (ET) tube placement may be verified by two paramedics for patients who are determined dead in the field or resuscitation measures have ceased. The ET tube must be left in place and the ET tube's confirmation must be recorded on the EMS run report. Improperly placed ET tubes should be left in place and reported to the appropriate personnel. (Proper ET tube placement must be confirmed prior to terminating resuscitation.)



Approved: 10/01/2011
Version: 3.1

Page 6 of 7

Approved by:


Charles Neal, D.O. Medical Director



DEATH IN THE FIELD



Escambia County, Florida - ALS/BLS Medical Protocol

6. Consult the patient's family for "Organ Donor" information, if appropriate.

Alabama Death

Escambia County EMS crews may be requested to transport a Signal 7 - Obvious Death that occurs in Alabama.

Crews may transport the body/bodies to D.W. McMillan Hospital or Atmore Community Hospital. These locations have been established as receiving facilities. Crews can contact the Hospital's ER to determine where to place the body on their arrival.

Patients must be transported in body bags provided by the Medical Examiner. Bags are located at Station 50 and in both of the Century ambulances.

The identification tags found in the body bags must be completed and attached in the following manor:

- a. One tag to an upper limb.
- b. One tag to a lower limb.

Limb tags should be attached to the same side, if possible.

- c. One to the outside of the body bag.


Crews may leave body/bodies on scene due to having to transport other patients or when it has been determined that there will be a delay in releasing the body/bodies due to an investigation. The crew may be called back to the scene to transport the body/bodies later.



Approved: 10/01/2011
Version: 3.1

Page 7 of 7

Approved by:


Charles Neal, D.O. Medical Director