WITHHOLDING PREHOSPITAL CPR FOR THE OBVIOUSLY DEAD

I. AUTHORITY:

California Health and Safety (HS) Code 1797.220 and 1798.

II. APPLICATION:

Attempted cardiopulmonary resuscitation (CPR) of patients for whom there is no possibility of successful outcome is of no benefit to the patient or community. This policy provides EMS guidelines for indications to withhold CPR for obviously dead victims.

III. DEFINITIONS:

Cardiopulmonary arrest means absence of respiration with an open airway, absence of circulation of blood due to lack of cardiac function, and loss of consciousness and all neurological reflexes.

"**Declared Dead**" means a cardiopulmonary arrest victim has been determined to exhibit one or more of the following criteria:

- Decomposition.
- Incineration.
- Massive crush injury and/or evisceration of the heart or brain.
- Decapitation.
- Rigor mortis and meets the procedure described below in subsection IV, B.
- Post-mortem lividity and meets the procedure described below in subsection IV, B.
- Traumatic cardiopulmonary arrest and meets the procedure described below in subsection IV, B.
- It is determined that the person had an un-witnessed, non-trauma cardiopulmonary arrest with no bystander CPR or AED placement prior to EMS arrival and the person is found by cardiac monitor to be asystolic in two leads and meets the procedure described below in subsection IV, B.

Caution: Signs of death may be misleading. Normal skin reactions may look like lividity, while poor hygiene and/or gangrene may be mistaken for "decomposition." Burn victims may appear to be "incinerated" but still be alive. In these cases, rhythm should be confirmed with a cardiac monitor and resuscitation attempted if cardiac activity is detected. Hypothermia (low body temperature secondary to cold water immersion or cold environment exposure), especially in children, elderly and debilitated, may simulate death and resuscitation should be attempted if time of exposure to cold environment or water has been less than one hour or is unknown.

IV. GUIDELINES:

A. Patients Meeting Criteria for "Declared Dead":

When the patient is "declared dead" resuscitative measures are not indicated and may be terminated by EMS personnel. A Base Hospital need not be contacted. The rescuer shall complete and file a Prehospital Care Report (PCR) using OC-MEDS (or other NEMSIS- and HIPAA-compliant electronic charting system) documenting the complete assessment. The PCR

should be completed as soon as possible upon notification of the Coroner. The PCR will be available to the Coroner via their agency dashboard in OC-MEDS.

Agencies using an electronic documentation system other than OC-MEDS must immediately send a secure copy of the PCR via email to coroner_pdreports@ocsd.org

Agencies not using electronic documentation shall leave a copy of the paper PCR for the Coroner.

B. Assessment Procedures for Patients Meeting Criteria for "Declared Dead":

If the initial assessment reveals only rigor mortis, post-mortem lividity, traumatic cardiopulmonary arrest, or un-witnessed, no bystander CPR criteria for "declared dead", the rescuer shall perform the following patient assessment:

1. Assessment of respiratory status by:

   - Assuring that the patient has an open airway, **and**
   - Looking, listening, and feeling for respirations. This shall include auscultation of the lungs for a minimum of 30 seconds.

2. Assessment of cardiac status by:

   - Palpating for a central pulse for a minimum of 15 seconds, **and**
   - Auscultation for the apical pulse for a minimum of 15 seconds.

3. Assessment of neurological reflexes by checking for:

   - Pupil response with a penlight or flashlight, **and**
   - A response to painful stimuli.

4. If there is uncertainty regarding any of the above findings or at EMS discretion, rhythm strips in two leads to confirm asystole in support of the assessment of "declared dead" may be obtained.

5. If there are signs of life based on any of the above assessment elements, resuscitative intervention is required unless a DNR or Health Care Directive is present (Refer to OCEMS Policy # 330.51).

C. Patients Not Meeting Criteria for "Declared Dead":

A patient who cannot be "declared dead" as defined above shall be treated with appropriate resuscitative measures.

Base Hospital physicians have the authority to determine the medical appropriateness of initial and continued resuscitative efforts. Resuscitative efforts may be discontinued by order of a Base Hospital physician.

When a patient is pronounced dead by a Base Hospital physician and resuscitation is stopped in

the field, the rescuer should remain on scene until the arrival of the investigative law enforcement agency. The family should be supported and assisted. The PCR must be made available to Coroner personnel as described in IV. A above.