Determination of Death/
Termination of Resuscitation

Note:
- Cardiac arrest patients will receive full resuscitation efforts based on current guidelines.
- Patients that do not respond to these efforts will generally not be transported to the hospital.
- All efforts should be made to not transport a non-salvageable patient in cardiac arrest.
- In a multiple-patient or mass casualty incident, triage patients using multiple patient triage procedures.

ALL LEVELS

EMS personnel may cease or withhold resuscitation efforts when the following circumstances are present upon arrival:

- Presence of Do Not Resuscitate (DNR) orders
  - Valid Wisconsin Do Not Resuscitate wristband
  - Valid advance directive form such as a Living Will, Physician Orders for Life-Sustaining Treatment (POLST) or other health care facility documentation of a DNR order.
  - The patient’s Power of Attorney for Health Care (POA-HC) directs cessation of resuscitation and EMS has no reason to suspect the patient has revoked the POA-HC or that the agent is not acting consistently with the prior wishes of the patient.
    - Document the name of the POA-HC
  - Direct order from medical control physician.

- Presence of irreversible biological death
  - Decomposition
  - Rigor mortis
  - Dependant lividity (dependent mottled, bluish appearance) with
    - Pulselessness AND
    - Apnea AND
    - No shockable rhythm

- Traumatic injuries
  - Injuries incompatible with life such as decapitation or transected torso
  - Bodily position not compatible with life (i.e. contortion)
    - Efforts should be made to document absence of vital signs
  - Penetrating trauma
    - No pupil response
    - No spontaneous movement
    - No shockable rhythm or organized EKG activity in two leads
  - Blunt trauma
    - Pulseless AND
    - Apneic AND
    - No shockable rhythm
  - In a multiple-patient or mass casualty incident these patients are triaged BLACK.
Contact Medical Control for the following:
- A physician on scene wants to direct continuing or discontinuing resuscitation in conflict with the direction this protocol or medical control gives you
- Other circumstances of obvious death not listed above
- Determination of death confirmation

INTERMEDIATE/ PARAMEDIC

EMS personnel may terminate resuscitation in the following circumstances
- Medical cardiac arrest
  - The options available to you under the Cardiac Arrest Guidelines have been exhausted AND
  - 20 minutes of ACLS care have been provided AND
  - All three of the following are true
    - There has been no return of spontaneous circulation
    - The arrest was not witnessed by EMS personnel
    - No shockable rhythm was witnessed
- Traumatic cardiac arrest
  - Arrest witnessed by EMS personnel
    - Perform full resuscitation for 15 minutes and reassess
    - If patient remains in arrest, terminate efforts

Contact Medical Control for the following:
- Termination recommendations for patients that do not meet all the criteria

Other post-termination procedures
- Document time that resuscitation efforts were terminated.
- Contact Coroner. Do not disturb potential evidence.
- Remain with deceased until released by law enforcement or coroner.
- Assist surviving loved ones with contacting spiritual support, family or grief resources as needed.

References
- Hopson MD, Laura R, et al. “Guidelines for withholding or termination of resuscitation in prehospital traumatic cardiopulmonary arrest: A joint position paper from the National Association of EMS Physicians Standards and Clinical Practice Committee and the American College of Surgeons Committee on Trauma.” Prehospital Emergency Care Jan/Mar 2003
• “Prehospital termination of life support under the medial direction of Saint Michael’s emergency physicians (Guidelines).” Ethics Committee, Saint Michael’s Hospital