

DEATH IN THE FIELD

This protocol is designed to be used when EMS personnel encounter patients who are dead at the time of arrival in which resuscitation is medically inappropriate **or** for use immediately after the **Cease-Effort Protocol 9102** has been performed.

- A. Perform initial assessment as per any patient.
- B. Determine history.
- C. **Criteria:** The decision to not begin resuscitation may occur under the following circumstances if ordered in **consultation with MCP**.
 - 1. When there are changes to the body which indicate a prolonged postmortem interval (i.e., decomposition, rigor in normo-thermic body, dependent lividity).
 - 2. Injuries incompatible with life such as decapitation or transection of torso.
 - 3. Pulseless, apneic patients in multiple casualty situations where resources are required to maintain living patients and those resources are unavailable.
 - 4. Proper “Do Not Resuscitate” documentation has been discovered or clarified by family, **Medical Command Electronic Registry (End of Life Registry)**, or power of attorney.
 - 5. Resuscitation efforts pose a danger to the health and/or safety of the rescuers and/or the scene is judged unsafe for rescuers to continue providing care.
- D. **Criteria:** The decision to not begin resuscitation may occur under the following circumstances by **order of MCP**.
 - 1. Victims of trauma who are pulseless and apneic at the time of arrival of first responders or EMS personnel.
 - 2. Blunt trauma patients, who become pulseless and apneic, cannot be extricated quickly, and the entrapment precludes medically effective resuscitation efforts.
 - 3. Circumstances where beginning or continuing resuscitation is not medically appropriate as determined by EMS personnel and direct contact with the **Medical Command Physician**.
 - 4. Proper “Do Not Resuscitate” documentation has been discovered or clarified by family, **Medical Command Electronic Registry (End of Life Registry)**, or power of attorney.

DEATH IN THE FIELD

E. Procedure:

1. Contact **Medical Command** immediately and **consult with MCP** as required in “C” and “D” above. Discuss the situation and **obtain confirmation that no resuscitation is indicated.**
2. Protect and preserve the scene until jurisdictional authority has been determined as in #4 below.
3. Notify the state Office of the Chief Medical Examiner on all out-of-hospital deaths **including** those registered with and receiving hospice care. Contact the State Medical Examiner’s Office at 1-877-563-0426
4. Check with your county dispatch to ensure that Law Enforcement has been notified.
5. EMS personnel are not required to transport the body but may do so if instructed and this is standard practice as a courtesy to the local community.
6. EMS personnel should carefully document the signs, symptoms, and vital signs which confirmed and allowed the declaration of death. These facts should be recorded in the patient care record.
7. For Medical Examiner cases, the hospital copy of the patient care record should be completed and given to the Medical Examiner Authority (County or State) if they are on-scene or left with the body at the morgue if transport is made.

F. Reporting to Medical Command

1. These reports should be given by landline phone if possible. If a landline is unavailable, a cell phone may be used. This information is to be given over radio communications as a last resort.
 - a. If phone service is unavailable at the time of the call, the information shall be given as soon as phone service is available.

DEATH IN THE FIELD

2. The following information shall be collected **before contacting** the Medical Examiner's Office on all death in the field cases, if available:
 - a. Decedent's first and last name
 - b. Decedent's date of birth
 - c. Decedent's Social Security Number
 - d. Decedent's gender
 - e. Decedent's Primary Care Physician (If they have one)
 - f. Decedent's next of kin name and contact phone number (if available)
 - g. Time of death
 - h. Pronouncing doctor's name
 - i. Place of death (physical address or location of death at time of pronouncement)
 - j. Primary Provider's first and last name
 - k. Primary Provider's certification number