PATIENT DEATH PROTOCOL

GENERAL CONSIDERATIONS

A clinically dead patient is defined as an unresponsive patient without respirations and without a palpable carotid pulse

- The following additional findings may assist in determination of death:
  - Non-reactive pupils bilaterally
  - No shockable rhythm on AED, or no cardiac activity on the monitor

Resuscitation should be withheld or discontinued when at least one of the following conditions is met:

A. The patient has a traumatic injury or finding indicating death:
   - Decapitation
   - Decomposition
   - Transection of the torso
   - Non-survivable incineration
   - Dependent lividity with rigor mortis
   - Any injuries incompatible with life (per Trauma Arrest Protocol)

B. The patient is pulseless and/or apneic with an active DNR, advanced directives order, or HCPOA/family input (per Do Not Resuscitate Guidelines, Advance Directives)

C. The adult patient meets criteria for termination of resuscitative efforts (per Cardiac Arrest Protocol)

Please note full resuscitation measures should be initiated or continued whenever it may be unsafe to pronounce the patient on scene.

PROCEDURE

Once the decision has been made to withhold or discontinue resuscitation:

A. Squad members should avoid disturbing the scene and the body as much as possible, unless it is necessary to do so in order to care for or assist other patients.

B. Follow any appropriate county, state, or regional guidelines, when applicable.

C. Medical control should be notified in order to receive a time of pronouncement, when applicable.

D. Notify the coroner’s office directly, or when applicable, ensure that law enforcement has notified the coroner.

E. Squad members should act as rapidly as possible to transfer the responsibility of the scene to the appropriate law enforcement agency and/or coroner’s office.