

I. General Considerations

- A. Physical findings such as cyanosis, cool skin, or fixed and dilated pupils are not reliable signs of unsurvivability.
 - B. For patients in a health care facility or program with a written physician's Do Not Resuscitate order, do not initiate the Resuscitation protocol.
 - C. *If there is any question about whether a resuscitation should be initiated, contact on-line medical direction.*
 - D. EMS personnel should attempt a resuscitation on a patient unless there is clear evidence of unsurvivability.
 - E. Death is a part of life and resuscitation is not appropriate in all circumstances. It is the prerogative of medical direction to order that a resuscitation attempt not be initiated or to terminate one that has been initiated.
 - F. If enroute when an order to cease resuscitation efforts is received, continue transport of the body to the receiving facility. The use of lights and sirens is no longer therapeutically necessary.
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II. History

- A. How many patients are on the scene? Consider available resources on scene and expected to become available shortly. In a multiple patient situation, treatment resources should be devoted first to the most critical patients who are not in cardiac arrest.
 - B. Can it be determined reliably how long the patient has been without pulse and respirations? Unless there is strong evidence of an earlier arrest time, it should be assumed that the patient arrested just prior to arrival of EMS personnel.
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III. Physical Exam

- A. Assess the scene and determine the mechanism of injury if any.
 - B. Perform an initial assessment.
 - C. Perform a brief focused history and physical exam to determine if there are unsurvivable injuries, rigor mortis or discoloration of skin at the lowest parts of the body.
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IV. Treatment

- A. *In cases where the EMS personnel believe the patient to be nonsalvageable but one of the below indications is not present, contact on-line medical direction for guidance.*
- B. If the patient is found without pulse and respirations, a resuscitation should be initiated unless:
 - 1. *On-line medical direction orders otherwise.*
 - 2. The patient is decapitated.
 - 3. The patient's body is incinerated.
 - 4. The patient has rigor mortis (stiffening) in multiple joints and/or there is lividity (discoloration) found at the lowest points of the body. In this case there should also be a history that supports an extended time since the patient was last known to be alive.
 - 5. The patient's body has clear evidence of decomposition.
- C. Where a decision has been made not to resuscitate, do not use the cardiac monitor to "confirm" death unless otherwise ordered by medical direction.
- D. In cases where the scene is a possible crime scene and law enforcement officers at the scene believe that the patient is unsurvivable, EMS providers should work in concert with law enforcement officers to both assess the patient and preserve the crime scene.

- E. If the patient is not to be resuscitated, the circumstances of that decision should be reported to medical direction and documented on a run report. EMS should notify the law enforcement agency of jurisdiction.
- F. In general, ambulances should not be used to transport dead persons. Vehicles, personnel and equipment should be returned to service as soon as possible.