

DEATH IN THE FIELD

12/03/2019

PURPOSE	Used to determining death in the field without initiating resuscitative efforts or terminating resuscitation efforts after they have been initiated.
WITHOLDING RESUSCITATION	<p>Withholding resuscitation efforts should be considered by EMS professionals in the following conditions regardless of whether bystander CPR has been initiated prior to EMS arrival. MD contact is not necessary:</p> <ol style="list-style-type: none">1. Patient qualifies as a "DNR" patient (with an MD order);2. A pulseless, apneic patient in a mass casualty incident or multiple patient scene;3. Cremation or Decomposition4. Rigor Mortis or Dependent Lividity (venous pooling in dependent body parts) in warm environments4. Pulseless, apneic drowning patient with confirmed submersion time of ≥ 1 hour; >30 minutes in water temperatures warmer than 43° F or >90 minutes in water temperatures 43°F or less. Submersion time is defined as beginning on arrival of emergency services personnel.5. Pulseless, apneic, patient with evidence of prolonged downtime.6. Patients with evidence of major trauma and no signs of life<ul style="list-style-type: none">• If there is evidence of major trauma to the patient and/or the patient is trapped, a monitor is not needed to pronounce death.• If the amount of body trauma does not appear to account for death, apply the monitor/AED and analyze. If the patient is in a shockable rhythm, follow the Cardiac Pulseless Arrest Protocol <p>If no signed orders are present but the family states that signed orders do exist, and there is evidence of terminal disease, the EMS Personnel may follow family direction.</p>
TERMINATION OF RESUSCITATION	<p>For the victim of cardiac arrest who does not meet the criteria listed above under Withholding Resuscitation, follow the Cardiac Pulseless Arrest Protocol.</p> <ol style="list-style-type: none">1. Resuscitation may be terminated in the field by the paramedic under the following circumstances. MD contact

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	<p>is not necessary, unless paramedic would like to consult.</p> <ul style="list-style-type: none">• All appropriate interventions have been performed under the Cardiac Pulseless Arrest Protocol, patient is normothermic, resuscitation has been ongoing by EMS responders for a minimum 30 minutes, all treatable reversible causes have been addressed, and the patient remains in Asystole or PEA• CCR patients with continued $ETCO_2 < 10$ after 20 minutes despite high quality CPR <ol style="list-style-type: none">2. Consideration for continuing resuscitation beyond 30 minutes should be given to all patients who are hypothermic. Patients in severe hypothermia need in-hospital treatment, consider transport of these patient with ongoing resuscitation efforts<ul style="list-style-type: none">• This includes cold water drownings, particularly in pediatrics3. For all other prolonged resuscitations, prior to termination, contact MD with patient history and current condition to request to discontinue resuscitation efforts.
POLST Physician Order for Life Sustaining Treatment	<p>The POLST registry is voluntary and most often is used to limit care. It may also indicate that the patient wants everything medically appropriate done for them. These forms may be kept by patients or electronically stored by OHSU. Usually there is some indication on-scene that there is POLST documentation.</p> <ol style="list-style-type: none">1. Forms: Must be signed by a Physician.2. Electronic Access: Call 1-888-476-5787 (888-4-POLSTS). OHSU Emergency Communication Center will answer the phone and will provide the POLST orders to EMS. They will ask for the name and date of birth.

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12/03/2019

END OF LIFE ORDERS

These orders may also be useful in consultation with MD, in the decision about whether to continue resuscitation:

- **DO NOT RESUSCITATE ORDERS (DNR):** Also known as a "No Code" order, is a legal document with a physician signature. These should be honored.
- **LIVING WILL:** also known as an Advance Directive, is a document signed by the patient. This may indicate the patient's wish not to be resuscitated with heroic lifesaving measures. If the patient does not meet death in field criteria listed under (Withholding Resuscitative Efforts), start BLS and call private MD or Emergency Physician to consult regarding discontinuation of resuscitation.
- **DURABLE POWER OF ATTORNEY:** Power of attorney is not sufficient for withholding resuscitation if the current event appears to be a reversible situation such as choking on food.