

## OBVIOUSLY DEAD

### PROCEDURE:

Utilizing the following criteria, ambulance personnel may forego resuscitation on patients who are obviously dead at the scene.

1. Obtain and document history including:
  - A. How long down or when last seen alive
  - B. Expected or unexpected death
  - C. Any resuscitative efforts prior to EMS arrival
  - D. Medical history
2. Perform physical exam and document assessment of:
  - A. Absent pulses; the carotid and one other (radial, brachial, apical or femoral) pulse must be checked.
  - B. Absent respirations
  - C. Fixed and dilated pupils
  - D. Rigor mortis
  - E. Lividity
  - F. Body temperature
  - G. Lower extremity discoloration (pooling)
  - H. Injuries incompatible with life
  - I. Asystole ECG (ALS only) – confirm with printed strip only if the EMT questions the viability of the patient or the EMT cannot adequately confirm an obviously dead patient from the assessment points listed above.
  - J. To the extent possible, try to avoid disturbance of possible crime scenes and leave bodies at the scene in position found whenever possible and practical.
3. Medical Control Clearance
  - A. Every DOA must be cleared by medical control before leaving the patient's side.
  - B. Contact medical control with any questions/concerns; especially if possibility of hypothermia exists.
  - C. Once resuscitation\* efforts have begun, they may be terminated only after medical control approval unless there is a valid DNR order present or obvious signs of death exist.

### SPECIAL NOTES:

1. If there is any doubt about patient viability, initiate resuscitation measures immediately.
2. Patients found in cold environments may still be viable despite cold body temperature.
3. \*"Resuscitation", for the purposes of this guideline, is defined as cardiopulmonary resuscitation (CPR) or any component of CPR, including cardiac compression, artificial ventilation, defibrillation, administration of cardiac resuscitation medications and related procedures. "Resuscitation" does not include the Heimlich maneuver or similar procedure used to expel an obstruction from the throat, or the use of a cardiac monitor to perform a "quick look". It applies to any provider of "resuscitation", regardless of level of training, including, but not limited to, the lay public, first responders, EMS or other medical personnel. It does not obligate EMS personnel to attempt aggressive resuscitation in cases where the attempts will likely be futile, but rather to continue with basic life support (BLS) resuscitation until physician contact can be made.
4. Contact the appropriate county medical examiner for body disposition if pronounced in the field.
5. Patients not pronounced at the scene due to continued resuscitative efforts, family situations, or rescuer safety issues are transported to the designated hospital.



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