

### **PURPOSE:**

The purpose of the Death in the Field Protocol is to define under what conditions medical care can be withheld or stopped once it has been started.

### **PROCEDURE:**

#### ***Resuscitation efforts may be withheld if:***

- A. The patient has a valid signed "DNR" order. POLST registry # 877-367-7657
- B. The patient is pulseless and apneic in a mass casualty incident or multiple patient scene where the resources of the system are required for the stabilization of living patients.
- C. The patient is decapitated.
- D. The patient has rigor mortis in a warm environment.
- E. The patient is in the stages of decomposition.
- F. The patient has skin discoloration in dependent body parts (dependent lividity).

### **TRAUMATIC ARREST:**

- A. A victim of trauma (blunt or penetrating) who has no vital signs in the field may be declared dead on scene. If opening the airway does not restore vital signs/signs of life, the patient should NOT be transported unless there are extenuating circumstances.
- B. A cardiac monitor may be beneficial in determining death in the field when you suspect a medical cause or hypovolemia: A narrow complex rhythm (QRS < .12) may suggest profound hypovolemia, and may respond to fluid resuscitation.
- C. At a trauma scene, the paramedic should consider the circumstances surrounding the incident, including the possibility that a medical event (cardiac arrhythmia, seizure, and hypoglycemia) preceded the accident. When a medical event is suspected, treat as a medical cardiac event. VF should raise your index of suspicion for a medical event.
- D. In instances prior to transport where the patient deteriorates to the point that no vital signs (i.e. pulse/respiration) are present, a cardiac monitor should be applied to determine if the patient has a viable cardiac rhythm. A viable rhythm especially in patients with penetrating trauma may reflect hypovolemia or obstructive shock (tamponade, tension pneumothorax) and aggressive care should be continued.

### **MEDICAL CARDIAC ARREST:**

- A. In addition to the conditions listed above under Death in the field, a medical patient should generally be declared dead if:
  - 1. ECG shows PEA, Asystole, or an agonal rhythm in two leads, and is unresponsive to three rounds of ACLS, and there is no response to optimal airway management.
  - 2. Patients in Ventricular Fibrillation / Pulseless Ventricular Tachycardia should be transported, unless a valid DNR order is present or there are other extenuating circumstances.
  - 3. If a patient does not meet Death in the Field criteria for terminating resuscitation efforts, but in the EMT's best judgment the patient cannot be resuscitated, consider contacting online medical control

### NOTES & PRECAUTIONS:

- A. ORS allows a layperson, EMT or Paramedic to determine “Death in the Field”
- B. The EMT is encouraged to consult OLMC if any doubt exists about the resuscitation potential of the patient.
- C. A person who was pulseless or apneic and has received CPR and has been resuscitated, is not precluded from later being a candidate for solid organ donation.
- D. ETCO<sub>2</sub> may be a useful adjunct in the decision to terminate resuscitation with PEA. An ETCO<sub>2</sub> of 10 or less in patients in PEA after 20 min of ACLS resuscitation does not correlate with survival.
- E. Survival from trauma arrest is low, but not completely zero.