



## WITHHOLDING PREHOSPITAL CPR FOR THE OBVIOUSLY DEAD

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### I. AUTHORITY:

*California Health and Safety (HS) Code 1797.220 and 1798.*

### II. APPLICATION:

This policy provides EMS guidelines for withholding CPR for obviously deceased victims.

### III. DEFINITIONS:

**Cardiopulmonary arrest** means unresponsive to verbal and tactile stimuli, absence of respiration with an open airway, absence of pulse due to lack of cardiac function, and loss of all neurological reflexes.

**"Obviously Deceased"** means a cardiopulmonary arrest victim has been determined to exhibit one or more of the following criteria:

- Incineration
- Massive crush injury and/or evisceration of the heart or brain
- Decapitation
- Obvious fatal external exsanguination
- Decomposition
- Rigor mortis and meets the procedure described below in subsection IV, B
- Post-mortem lividity and meets the procedure described below in subsection IV, B
- Traumatic cardiopulmonary arrest and meets the procedure described below in subsection IV, B
- It is determined that the person had an un-witnessed, non-trauma cardiopulmonary arrest with no bystander CPR or AED placement prior to EMS arrival and the person is found by cardiac monitor to be asystolic in two leads and meets the procedure described below in subsection IV, B

#### **Exceptions to "Obviously Deceased":**

1. Normal **skin reactions** may look like lividity, while poor hygiene and/or gangrene may be mistaken for "decomposition."
2. **Burn victims** may appear to be "incinerated" but still be alive. In burn cases, rhythm should be confirmed with a cardiac monitor and resuscitation attempted if cardiac activity is detected.
3. **Hypothermia** (low body temperature secondary to cold-water immersion or cold environment exposure), especially in children, elderly and debilitated, may simulate death and resuscitation should be attempted if time of exposure to cold environment or water has been less than one hour or is unknown.



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### IV. GUIDELINES:

#### A. Patients Meeting Criteria for "Obviously Dead":

- When the patient is "obviously dead" resuscitative measures are not indicated and may be terminated by EMS personnel. A Base Hospital need not be contacted. The rescuer shall complete and file a electronic Prehospital Care Report (ePCR) using OC-MEDS (or other NEMSIS- and HIPAA-compliant electronic charting system) documenting the complete assessment. The PCR should be completed as soon as possible upon notification of the Coroner. The ePCR will be available to the Coroner via their agency dashboard in OC-MEDS.

#### B. Assessment Procedures for Patients Meeting Criteria for "Obviously Dead":

If the initial assessment reveals only rigor mortis, post-mortem lividity, traumatic cardiopulmonary arrest, or an un-witnessed cardiac arrest with no bystander CPR as criteria for "obviously dead", the rescuer shall perform the following patient assessment:

##### 1. Assessment of respiratory status by:

- Assuring that the patient has an open airway, **and**
- Looking, listening, and feeling for respirations. This shall include auscultation of the lungs for a minimum of 30 seconds.

##### 2. Assessment of cardiac status by:

- Palpating for a central pulse for a minimum of 15 seconds, **and**
- Auscultation for the apical pulse for a minimum of 15 seconds.

##### 3. Assessment of neurological reflexes by checking for:

- Pupil response with a penlight or flashlight, **and**
- A response to painful stimuli.

##### 4. If all three assessments are negative for signs of life, the patient meets criteria for obviously dead.

##### 5. If there is uncertainty regarding any of the above findings or at EMS discretion, rhythm strips in two leads to confirm asystole in support of the assessment of "obviously dead" may be obtained.

##### 6. If there are signs of life based on any of the above assessment elements, resuscitative intervention is required unless a DNR or Health Care Directive is present (Refer to OCEMS Policy # 330.51).

##### 7. If a patient meets "obviously dead" criteria while being transported to an ERC, do not initiate resuscitative measures or CPR. Continue transport to the original (ERC) destination. Notify the receiving ERC of the situation and to expect arrival of an "obviously dead" victim.



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C. Patients with a POLST/ Do Not Resuscitate order

1. If upon arrival to a scene, a patient in cardiac arrest has a DNR or POLST form declaring no desire for any form of resuscitation or meets criteria for "obviously dead", withhold CPR and do not transport.
2. When responding to the scene that is any type of an assisted living facility (skilled nursing facility, elderly assisted living facility, long term care, etc), request patient POLST form prior to loading a patient in cardiac arrest or a near terminal state. Do not load patient into ambulance until POLST form reviewed. If POLST indicates no desire for resuscitation. Provide comfort measures and contact Base Hospital for further direction.
3. If a patient loaded into an ambulance at the scene suffers an immediate cardiac arrest and resuscitation status is unclear, initiate CPR and resuscitation efforts and transport to nearest available ERC.
4. If a patient is being loaded, suffers a sudden cardiac arrest and the scene is any type of assisted living facility, and the patient has a POLST form declaring no desired resuscitative efforts, do not initiate CPR and rather offload patient and return to bed of facility. (POLST form should be requested on all assisted living facility patients before loading into an ambulance).

D. Patients Not Meeting Criteria for "Obviously Dead":

- A patient who is not "obviously dead" as defined above shall be treated with initiation of appropriate resuscitative measures.
- Base Hospital physicians have the authority to determine the medical appropriateness of initial and continued resuscitative efforts. Resuscitative efforts may be discontinued by order of a Base Hospital physician, especially in the case of expected deaths of terminal or hospice patients.
- When a patient is pronounced dead by a Base Hospital physician and resuscitation is stopped in the field, the family or caregiver(s) should be supported and assisted. In addition, the Coroner's Office should be immediately notified by requesting response by law enforcement covering the jurisdiction of the event. The PCR should be completed as soon as possible and posted to the Orange County Coroner's Office (via OC-MEDS).

**Approved:**

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