Dead On Scene Administrative Guideline

Obvious Death Criteria:

- Decapitation
- Decomposition
- Incineration (90% BSA)
- Transection of the torso
- Rigor mortis/lividity
- injuries incompatable with life (e.g. massive crush injury, complete exangination, severe displacement of brain matter)

Pulseless and apneic with signs of obvious death

Yes → Withhold resuscitative efforts

No

Assess cause of cardiac arrest

Non-Traumatic	Penetrating Trauma	Blunt Trauma
Unwitnessed arrest (Prolonged downtime likely) AND PEA/asystole **Witnessed Arrest (prolonged downtime unlikely):** 20 minutes of EMS resuscitation with PEA and $EtCO_2$ <20 mmHg **OR** Asystole	Patient is apneic, pulseless with asystole or PEA rate less than 40 **AND** Estimated time to Level I Trauma Center is >15 minutes from loss of signs of life	Patient is apneic, pulseless with asystole or PEA rate less than 40

If any of the above criteria are met and if patient is normothermic, withhold or withdraw resuscitation efforts.

Call for Law Enforcement and secure the scene (if not already done)
Document time of notification, arrival on scene, and badge number of responding personnel

If **NONE** of the above criteria are met, follow Traumatic OHCA AG or contact Medical Direction

Education/Pearls

Patients must be pulseless and apneic to apply this AG. PEA/Asystole should be confirmed in two leads for at least ten seconds. An EMS provider or other healthcare provider must remain with the patient until released to an Law Enforcement Officer. After termination, do not alter body condition in any way or remove equipment (lines, tubes, etc.). Doing so may compromise potential Medical Examiner investigation

- If the patient is hypothermic due to submersion or environmental exposure, follow **OHCA AG** and transport per guideline.
- For patients <18 years of age, consultation with online medical direction is recommended.

Unwitnessed Arrest

- Determination of suspected downtime assists with termination of resuscitation (TOR) in these patients. For patients with suspected prolonged downtime, 20 minutes of resuscitation are not required if the patient remains in PEA or asystole, and TOR may proceed irrespective of EtCO2. For patients with uncertain downtime (e.g. reports of recent fall or bystander description of recently being alive), utilize the witnessed arrest TOR criteria.
- Examples of appropriate termination:
  - A patient was found down after being last seen alive 12 hours ago. He has no obvious rigor, but undergoes 10 minutes of resuscitation by EMS, and resuscitation is terminated at minute 10 in asystole.
  - A patient was found down after being last seen alive 20 minutes ago; he has no obvious rigor, but undergoes 20 minutes of resuscitation by EMS. Resuscitatino is terminated at minute 20 in PEA with EtCO2 of 17.

Advanced Directives (ADs): ADs describe the patient's wishes for treatment in life-threatening situations, and may include limitations of compressions, airway management, feeding, fluids, and preference for organ donation or dialysis. In the absence of formal written directions (MOLST, POLST, DNR, generic advanced directives), a person with power of attorney for healthcare or healthcare proxy may prescribe limits of treatment.

- Prehospital Medical Care Directive (PMCD, a.k.a. Orange Form or DNR)
  - Emergency medical personnel are not required to accept or interpret medical care directives other than the PMCD (Orange Form), which is letter- or wallet-sized and includes mandated wording by ARS 36-3251.
    - These patients may also wear an orange, identifying bracelet on the wrist or ankle stating in bold type: DO NOT RESUSCITATE, PATIENT'S NAME, PATIENT'S PHYSICIAN
  - Contact medical direction if the patient's guardian or agent wishes to reverse a DNR order. Resuscitative efforts should be initiated until clarification of the PMCD is made by a medical direction authority.

In cases where the patient's code status is unclear, appropriateness of withholding resuscitation efforts is questioned, or if there is question on the validity of the provided forms, EMS personnel should initiate CPR immediately and then contact online medical direction.

Traumatic Arrest:

- Resuscitation efforts may be terminated in any blunt trauma patient who is apneic, and pulseless with a PEA rate < 40.
- Victims of penetrating trauma found apneic and pulseless should be rapidly assessed for the presence of other signs of life, such as pupillary reflexes, spontaneous movement, response to pain. Penetrating trauma patient may be terminated of apneic, and pulseless with a PEA rate < 40.
  If resuscitation is not terminated, transport is indicated. Cardiopulmonary arrest patients in whom mechanism of injury does not correlate with clinical condition, suggesting a non-traumatic cause of arrest, should have standard ALS resuscitation initiated.