

ALS DETERMINATION OF DEATH

Indications

- Patient in cardiac arrest who does not meet criteria for BLS determination of death and does not have a valid DNR order.

- Confirm pulseless and apneic
- Apply leads and document rhythm in two monitoring leads for one minute or in one lead if an AED is the only available monitor

Determination of death can be made prior to, or immediately after initiating resuscitation when:

Medical- ALL must be present

- Presenting rhythm is asystole
- Event was unwitnessed
- Effective bystander CPR was not initiated
- **No evidence of potentially reversible cause of arrest**
- No AED or manual shock delivered

Trauma- EITHER may be present

- MCI incident where triage principles preclude initiation of CPR
- Blunt, penetrating or profound multi-system trauma with asystole or PEA

If determination of death cannot be made

- Perform ALS resuscitation for 20 minutes on scene
- If patient is in refractory VFib after 3 unsuccessful shocks, immediately transport to nearest available STEMI Receiving Center
- If above procedures have been completed without ROSC, resuscitation may be discontinued, and determination of death made when **ANY** of the following are present:
 - A valid DNR or POLST form becomes available which precludes continuation of resuscitation efforts
 - ETCO2 ≤ 10mm/Hg and the rhythm is asystole or PEA

If determination of death still cannot be made for medical arrests

- Continue resuscitation for ten additional minutes (30 minutes total) at which point resuscitation may be discontinued and determination of death made if ROSC has not occurred

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- Evidence exists that resuscitative efforts are not desired or appropriate and above criteria is not met
- ETCO2 >10mm/Hg after 30 minutes of resuscitation efforts

When patient meets criteria for declaration of death in the field:

- Notify the appropriate law enforcement agency if applicable and remain on the scene until law enforcement or coroner arrive if applicable
- Complete a Field Determination of Death Form at scene and leave one copy for coroner if the patient will be transferred to the coroner