MARIN COUNTY
P&P UPDATES
Effective March 1, 2021
Only a few policies!
Due to the COVID-19 Pandemic, the typical Policy and Procedure cycle for 2020 was cancelled in lieu of as needed interim policy memos

iGel supraglottic airway
Approved in December 2020 by the State for Marin County LOSOP as an optional tool for paramedics

Determination of Death policies
Chosen for revision based on incidents in 2020 revealing the need to revise these policies more urgently for clarification

Pediatric Amiodarone
Clarification for repeat dosing of amiodarone in pediatric cardiac arrest
iGel Supraglottic Airway
• **NEW POLICY!**
• Approved for local optional scope of practice 12/2020
• ALS Supraglottic device option approved for use in the same indications as King Airway device
• Procedure for insertion similar to King Airway but without an inflatable cuff
• King Airway device will continue to be approved as a supraglottic airway option
• Additional educational materials for procedure available upon request
• Providers responsible for state-mandated CQI reporting if they choose to adopt

https://www.youtube.com/watch?v=BzcndvpjIXo
Determination of Death Policies
ATG 6 ALS
Determination of Death

- Medical and traumatic determination of death now with separate pathways

- Updated trauma criteria for determination of death as well as additional considerations to consult with the Trauma Center

- Added language to address scene and bystander safety considerations.

- ATG referenced policies: 4613 and C2
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. Excludes MCI incidents where triage principles preclude the initiation of CPR and circumstances where scene or bystander safety is threatened.

Apply leads and document rhythm in two leads for a minimum of 1 minute. DOD can be made prior to, or immediately after initiating resuscitation when:

**MEDICAL**
- All must be present
  - Presenting rhythm is asystole
  - Event was NOT witnessed
  - Bystander CPR was NOT initiated
  - Absence of potentially reversible cause of cardiac arrest
  - No AED or manual shock delivered

If DOD cannot be made:
- Perform ALS resuscitation for 30 minutes on scene
- If patient is in refractory V-Fib after 3 shocks, immediately transport to nearest STEMI receiving center
- If no 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 and precludes continuation of resuscitation efforts
  - ETCO2 ≤ 10mm Hg and the rhythm is asystole or PEA

**TRAUMA**
- All must be present
  - Evidence of significant trauma or blood loss
  - Pulseless
  - Apneic
  - Absence of potentially reversible cause of arrest

If determination of death still cannot be made:
- Continue resuscitation for an additional 10 minutes (30 minutes total). Resuscitation may be discontinued and determination of death made if ROSC has not occurred

**PHYSICIAN CONSULT**
- Evidence exists that resuscitative efforts are not desired or appropriate and above criteria is not met
- ETCO2 ≥10mmHg after 30 minutes of resuscitation efforts

**Does patient meet all above criteria?**

**YES**
- Do not initiate resuscitation
- Consult Trauma Center for further care and destination decision
- If consult is not available, the patient should be transported to the time closest facility if they have any of the following:
  - Patients with unmanageable Injury
  - Uncontrolled external hemorrhage
  - CPR in progress (unless transporting to SRC for refractory V-Fib)

**NO**
- Initiate Resuscitation
- Continue resuscitation efforts as per Advanced Cardiac Life Support (ACLS)

When patient meets criteria for determination of death in the field:
- Notify the appropriate law enforcement agency and remain on scene until released by law enforcement
- Complete a Field Determination of Death form at scene and leave one copy for coroner if patient is transferred to coroner
BTG 2 BLS
Determination of Death

- Broadened GGB and Richmond/SRF Bridge jumper to “Significant mechanism of injury”.
- Added language to address scene considerations
BLS DETERMINATION OF DEATH

- Confirm pulseless and apneic
- CPR may be withheld, and death declared if ANY of the following criteria below are met:

  **MCI Incident**
  Death is determined according to S.T.A.R.T. triage

  **Submersion >1 hour**
  Physical examination of body with accurate and reliable history of submersion time

  **Valid Advance Directive or POLST**
  Form indicates that resuscitation is not desired

  **Obvious Clinical Signs of Irreversible Death**
  - Rigor Mortis
  - Dependent Lividity
  - Decapitation
  - Transection
  - Decomposition
  - Incineration

  **Significant MOI: BOTH must be present**
  - Evidence of significant trauma or blood loss
  - Absence of potentially reversible cause of arrest

  **Consideration for ALS Care (ATG 6)** – Strong family insistence on resuscitation and/or circumstances where scene or bystander safety is threatened.

  **When patient meets criteria for declaration of death in the field:**
  - Notify the appropriate law enforcement agency if applicable
  - 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 applicable
Amiodarone for Pediatric Cardiac Arrest
Pediatric Cardiac Arrest PC 1 and Pediatric Medications PTG 2

- Clarified repeat dosing of amiodarone in pediatric cardiac arrest (MR x 2 for refractory VF/VT).
- Algorithm and medication list were updated
- *Protocol book stickers for PC1 will be produced by the EMS Agency.*
The only change to this policy: MR x 2
If you have any questions regarding the changes, please contact your department educator, medical director, or the EMS Agency.

Thank you for all that you do!