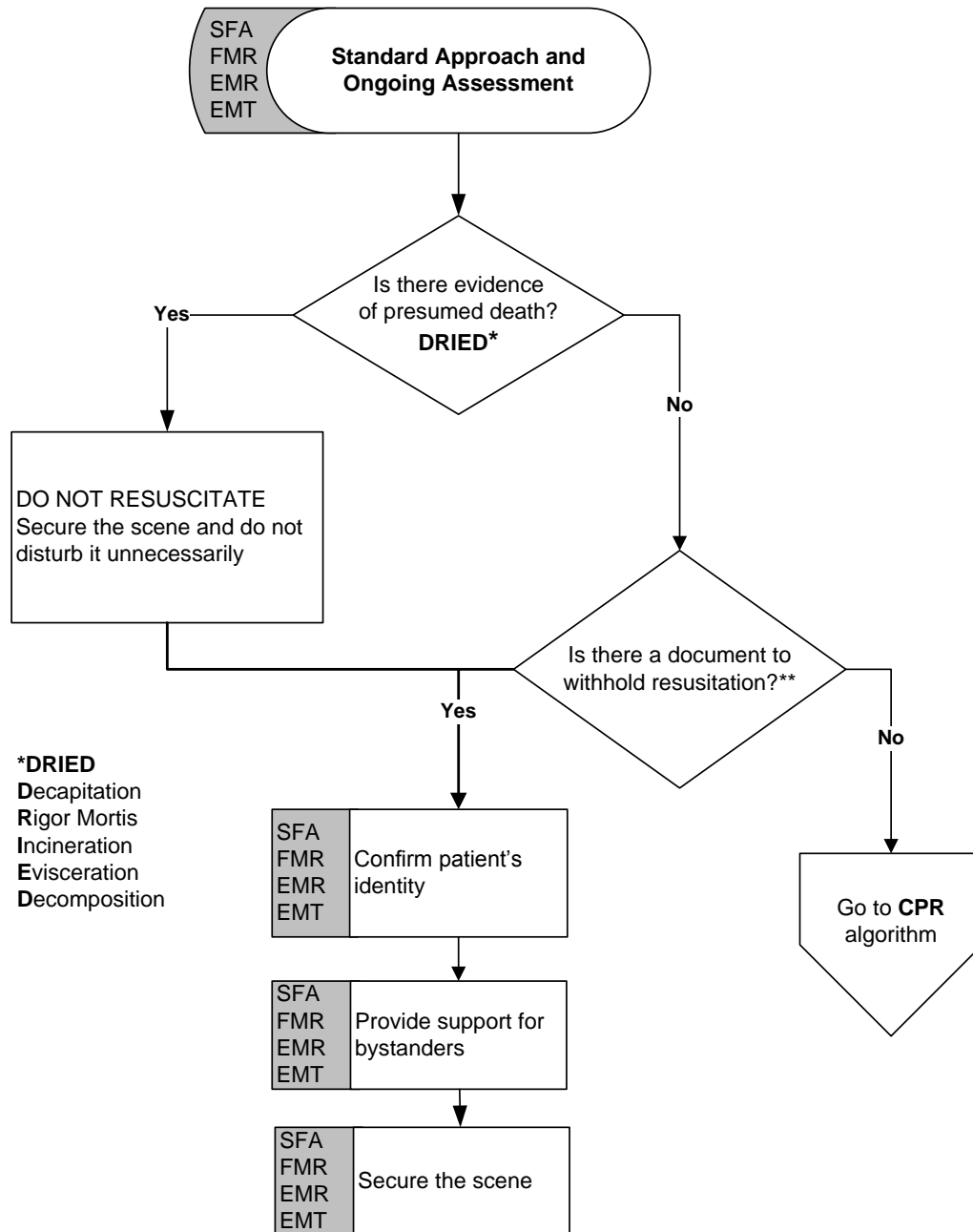


Algorithm 12 Death On-Scene



Death on Scene (Algorithm 12)

Discontinuation Criteria

Medical First Response **cannot** withhold resuscitation unless the patient is **obviously** dead, a do not resuscitate (DNR)/Goals of Care designation has been made, or a medical doctor with documented credentials is present and directs crews not to resuscitate.

"Under extenuating circumstances (i.e. prolonged code/extrication, obvious futility, and terminal care with no DNR present) the crew's medical lead may contact the On Line Medical Control (OLMC) to seek further medical control advice to consider discontinuation."

Obvious death removes the need for attempting resuscitation. Follow the acronym **DRIED**:

Decapitated – the head is completely severed from the body

Rigor mortis – temporary rigidity of muscles occurring after death

Incineration – complete burning of the body

Evisceration – removal of the internal organs forced outside the body cavity

Decomposition – process by which tissues of a dead body break down

Personal Directives

A patient may present with any one of the following directions for end of life care:

Do Not Resuscitate Order (DNR)

A valid do not resuscitate order tells medical professionals not to perform cardiopulmonary resuscitation (CPR) on a patient. DNR orders are beneficial in preventing unnecessary or unwanted treatment at the end of an individual's life. Ask to see the DNR during patient assessment but before resuscitation is attempted.

Goals of Care Designation

Patients and family, as well as home care providers on scene may present responders with a 'Goals of Care' designation, which must be presented and verified. *Detailed instructions are found on the back of the 'Goals of Care' document.*

Goal of Care Designations Designation	Description
R1	Full Resuscitation
R2	Resuscitation without chest compressions
R3	No Resuscitation
M(all)	No Resuscitation
C(all)	No Resuscitation

Medical Direction

In some situations a medical doctor may be in attendance and has assumed care of the patient. Follow the directions of this on scene physician if they decide to take the medical leadership role. If the physician does not want to be part of the resuscitative efforts, follow existing protocols.