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| REGION 11 CHICAGO EMS SYSTEM POLICY | Title: Determination of Death / Withholding of Resuscitative Measures |
| | Section: Patient Care |
| | Approved: EMS Medical Directors Consortium |
| | Effective: April 1, 2020 |

DETERMINATION OF DEATH / WITHHOLDING OF RESUSCITATIVE MEASURES

I. INITIATION OF RESUSCITATION

All EMS personnel practicing within the Region 11 EMS System are required to immediately initiate cardiopulmonary resuscitation (CPR) on any patient who is apneic and pulseless, unless the patient meets criteria for withholding resuscitation (see below).

II. WITHHOLDING RESUSCITATION

A. Prior to withholding resuscitation, a thorough patient assessment must be performed to verify that the patient is:

1. Unresponsive
2. Apneic
3. Pulseless

B. Resuscitation should be withheld in the following circumstances:

1. Medical signs of long term death including:

- a. Rigor Mortis: Stiffening of the body muscles due to chemical changes in muscle fibers, plus asystole on cardiac monitor in multiple leads.
- b. Widespread Lividity: Skin discoloration in dependent body parts, plus asystole on cardiac monitor in multiple leads.
- c. Decomposition or Putrefaction: The skin is bloated or ruptured, with or without soft tissue sloughed off, plus asystole on cardiac monitor in multiple leads.

2. Traumatic injuries obviously incompatible with life including:

- a. Decapitation: The complete severing of the head from the patient's body.
- b. Transection of the Torso: The body is completely cut across below the shoulders and above the hips through all major organs and vessels. The spinal column may or may not be severed.
- c. Incineration: 90% of the body surface area with full thickness burns as exhibited by ash rather than clothing and complete absence of body hair with charred skin.

3. **Traumatic arrest plus asystole**: Blunt and penetrating trauma in an adult (age 16 years or greater) with a lethal mechanism of injury and asystole on cardiac monitor in multiple leads. The following conditions are excluded and should be resuscitated:



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- a. Drowning or strangulation
 - b. Lightning strike or electrocution
 - c. Situations involving hypothermia
 - d. Patients with visible pregnancy
 - e. The mechanism of injury does not correlate with the clinical condition suggesting a non-traumatic cardiac arrest.
4. If the patient has a valid DNR/POLST (see Advanced Directives policy).
- C. IN CASES WHERE THE PATIENT'S STATUS IS UNCLEAR AND THE APPROPRIATENESS OF WITHHOLDING RESUSCITATION EFFORTS IS QUESTIONED, EMS PROVIDERS SHOULD INITIATE CPR IMMEDIATELY AND THEN CONTACT ONLINE MEDICAL CONTROL FOR FURTHER DIRECTION.
- D. When resuscitation is withheld:
1. Notify Chicago Police Department (CPD) -- All notification of the Medical Examiner is done by the Chicago Police Department in accordance with Police General Order -- Processing Deceased Persons.
 2. Preservation of crime scene elements may be appropriate (refer to Crime Scene Response policy).
 3. EMS providers using the above criteria to determine death in the field should use the time when the assessment is complete or the cardiac monitor application as the time of death determination.
 4. Online Medical Control is not required if the patient meets the above criteria to withhold resuscitation, but is a resource available as needed for clarification or direction.
 5. In situations where determination of death is done by EMS providers in accordance with this policy, the name of the EMS Medical Director may be used for Medical Examiner documentation.
- E. Documentation:
1. Scene environment
 2. History from any family, bystanders, or other first responders on scene
 3. Patient position and any movement of body
 4. Patient assessment findings



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5. Reasons for withholding resuscitation
 6. Cardiac monitor verification with rhythm strip uploaded to the patient care report
- F. Disposition of the patient when resuscitation is withheld:
1. Transfer custody of the body to CPD on scene.
 2. In circumstances such as traumatic arrest with an unsafe scene, it may be necessary to remove the body from the scene. This may be appropriate or necessary given the nature of the scene. If so, transport the patient to the closest Emergency Department. The base station should notify the ED of the patient's arrival.