

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 1100.09
MISCELLANEOUS:
DETERMINATION OF DEATH**

**ORIGINAL ISSUE 5/08
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Overview:

In certain situations where it is evident that resuscitation is impossible or the patient has been dead for an extended period of time, the paramedic may determine that death has occurred and not begin resuscitative measures. The paramedic must use clinical judgment and discretion.

1. Findings consistent with determination of death.
 - Extended down time > 20 minutes.
 - Rigor mortis (i.e.: stiff, cold)
 - Venous pooling/lividity.
 - Body in state of decomposition.
 - Major traumatic injury (i.e.: severe chest trauma, brain injury, etc. that is incompatible with life.)
 - Pupils fixed and dilated.
 - Absence of carotid pulse.
 - Absence of respirations.
 - Absence of heart tones.
 - Asystole per EKG monitor, verified in two leads.
2. If the paramedic determines death has occurred and law enforcement is not present, the appropriate law enforcement agency must be contacted.
3. In the event of a crime scene death in which the paramedic has determined death has occurred, the EMS crew must make every attempt to preserve evidence by not moving the body or manipulating the scene.
4. Thorough documentation, including all physical signs of death, mechanism and historical factors, must be completed.