

Are there definitive signs of death?

- Rigor Mortis
- Dependant Lividity
- Decomposition of Body Tissue
- Non-Survivable Injury (i.e. decapitation, incineration, or massive trauma to the head, chest, or abdomen)



↓ NO

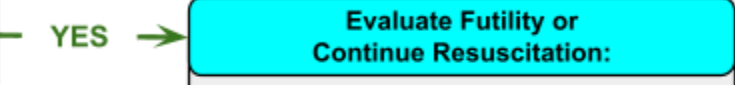
Are DNR/Advance Directives orders present?

- A family member or caregiver can produce a properly executed DNR or POST order.
- DNR and POST orders not on the official Tennessee Department of Health form can be accepted if it is documented in a medical record such as a nursing chart, hospice care, or home nursing.
- **When there is ANY DOUBT about what to do, begin full resuscitative efforts.**



↓ NO

Is there evidence of a significant acute TRAUMATIC mechanism?



Begin or Continue Resuscitation:

Treat per Appropriate Clinical Guideline	TOC
OR	
Discontinuation in Medical Arrest	X-02
OR	
Contact Medical Control if efforts are felt to be futile	M

Discontinuation/DOA in Traumatic Arrest	X-03
OR	
Trauma Cardiac Arrest Guideline	T-02

X-01
PRESUMED DEATH
ON ARRIVAL (DOA)



Do Not Resuscitate (DNR) Orders

When confronted with a cardiac arrest patient, the following conditions must be present in order to honor the DNR request and withhold CPR and listed therapies:

- A licensed physician (on scene/confirmed by telephone) orders that no resuscitation efforts are to take place;
- OR, The EMS provider is presented with a valid legal document/advance medical directive [see *below*] from any (US) state, AND it is clear to the prehospital provider from the document that resuscitation is refused by the patient or by the patient's surrogate who has signed the document.
- OR, The EMS provider has been approached by a person with Decision Making Capacity for the patient, and there has been a reasonable request to withhold or terminate resuscitative efforts.

If resuscitative efforts have started, **always** continue full resuscitation while treatment or termination decisions are being discussed.

NOTE: A DNR request is NOT a permanent and unchangeable document, and may be overridden IF the patient (or person with Decision Making Capacity for the patient, see **Z-02**) requests the EMS Providers perform some or all available interventions for the patient.

Generally, if there is:

- **ANY QUESTION** as to the validity of the document(s) or the instructions themselves, or if there is
- **ANY QUESTION** as to the patient's wishes or family's requests,

Then FULL RESUSCITATION should be initiated until a physician can review the document or field personnel can discuss the patient's situation with online medical control.

X-01 PRESUMED DEATH ON ARRIVAL (DOA)		
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Advance Medical Directives:

There are several types of advance medical directives (documents in which a patient identifies the treatment to be withheld in the event the patient is unable to communicate or participate in medical treatment decisions).

- Specific physician orders on a Physician Orders for Scope of Treatment (POST) form
- A Living Will ("Declaration as to Medical or Surgical Treatment") requires a patient to have a terminal condition, as certified in the patient's hospital chart by two physicians.
- Other types of advance directives may be a "Durable Medical Power of Attorney," or "Health Care Proxy", but each of these documents can be very complex and require careful review and verification of validity and application to the patient's existing circumstances.