



San Benito County EMS Agency
Section 600: Operational Policies

Policy 613

Determination of Death in the Field

Rev: 10/17

DETERMINATION/PRONOUNCEMENT OF DEATH CHECKLIST

| | |
|----------------------|-------------------------|
| Incident Date: | Primary Paramedic/EMT |
| Incident Number: FFD | Secondary Paramedic/EMT |
| Report Author: | |

Mark the criteria that qualifies this patient for determination/pronouncement of death.

| BLS | | COMMENTS |
|---|--------------------------|----------|
| Decapitation | <input type="checkbox"/> | |
| Incineration | <input type="checkbox"/> | |
| Rigor Mortis | <input type="checkbox"/> | |
| Lividity | <input type="checkbox"/> | |
| Pulseless + absence of vital organs | <input type="checkbox"/> | |
| MCI Triage Decision | <input type="checkbox"/> | |
| Valid DNR, POLST, DPAHCD | <input type="checkbox"/> | |
| Submersion <=24 hours + pulseless | <input type="checkbox"/> | |
| Decomposition | <input type="checkbox"/> | |
| ALS | | |
| Asystole, or PEA with rate <40 complexes per minute (Trauma Only) | <input type="checkbox"/> | |
| Persistent cardiac arrest and ETCO ₂ < 10mmHg after >20 min. resuscitation | <input type="checkbox"/> | |
| Pulselessness confirmed for a minimum of 60 seconds | <input type="checkbox"/> | |
| Apnea confirmed for a minimum of 60 seconds | <input type="checkbox"/> | |
| Absence of heart sounds confirmed for minimum of 60 seconds | <input type="checkbox"/> | |
| ETCO ₂ at zero/unreadable for minimum of 60 seconds | <input type="checkbox"/> | |
| Patient observed for 10 minutes, with recheck of above criteria at 10-minute mark with no changes | <input type="checkbox"/> | |
| Hard copy of terminal rhythm ran for 60 seconds. | <input type="checkbox"/> | |
| Other criteria met: | <input type="checkbox"/> | |
| Base Station contacted | <input type="checkbox"/> | |

COMMENTS

Primary Paramedic Signature _____ Date _____

David Ghilarducci MD

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EMS Medical Director