

Dead on Scene

Purpose: The procedure to follow when a patient appears to be dead on scene.

1. CPR IS TO BE INITIATED ON ALL PATIENTS IN CARDIAC ARREST UNLESS one or more of the following conditions exists:

- A. Gross dismemberment of the body.
- B. Decapitation.
- C. Completely charred body without any detectable signs of life.
- D. Obvious mortal wounds/conditions (injuries inconsistent with life – i.e., crushing injuries of the head and/or chest)
- E. At least one hour of submersion documented by the licensed health care professional after arrival on the scene.
- F. Putrefied, decayed, or frozen bodies and/or lividity with rigor mortis
- G. Blunt or penetrating traumatic arrest found pulseless and apneic (without agonal respirations) without organized electrical activity (must be asystolic or other rhythm with rate less than 40/min). Patients with ventricular fibrillation, ventricular tachycardia or organized rhythms greater than 40/min should have resuscitation initiated. Patients not meeting these criteria should have full resuscitation and prompt transport initiated. Special attention should be taken so mechanism of injury is consistent with condition of the patient.
- H. Patient has a valid “Do Not Resuscitate” identification bracelet or order.

2. Specific Exceptions

- A. Patients who are struck by lightning, are hypothermic or victims of cold water drowning (unless submersion time is over 1 hour) do not qualify for use of this policy.
- B. The licensed health care professional may initiate resuscitation efforts at any time.

3. Procedure

- A. When resuscitation is begun by another individual before the licensed health care professional arrives on the scene, resuscitation activity will be continued by the health care professional unless an above-mentioned condition is found. Once resuscitation is initiated by it may be terminated only at the discretion of Medical Control in conjunction with the ALS unit on scene.
- B. The public safety representative shall defer to the licensed health care professional for the above final recommendations. When the licensed health care professional arrives on the scene, he/she will make the final determination of potential viability and may consult Medical Control.

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Agonal respirations will be considered signs of a recent arrest and resuscitation will be initiated unless H above applies.

- C. As stipulated by Part 209 of Public Act 368 of 1978 as amended, ***"Authority for management of a patient in an emergency is vested in the licensed health care professional at the scene who has the most training specific to the provision of emergency medical care."***
- D. Assure notification of law enforcement and medical examiner of death on scene.
- E. Preserve the scene. Do not remove clothing, valuables, or any objects in, on or around the deceased.