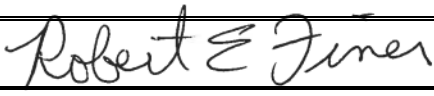
	STAFFORD COUNTY FIRE AND RESCUE DEPARTMENT INTERIM MEDICAL DIRECTIVE	
	NUMBER: 2022-005	DATE: March 8, 2022
	ISSUED BY: Robert E. Fines, MD, FACEP Operational Medical Director	
	SUBJECT: Determination of Dead on Arrival (DOA)	
SUPPLEMENT MEDICAL PROTOCOLS/PROCEDURES: Administrative Protocols-3.4 Death (DOA) Management, 3.4.2 Management		

PURPOSE:

This policy outlines the determination of patients that meet the Dead-on-Arrival (DOA) criteria for Stafford County EMS Clinicians.

POLICY:

Under select circumstances, it is reasonable and appropriate for EMS Clinicians to determine when resuscitative efforts can be withheld. For patients who meet the criteria below, resuscitative efforts can be withheld and the patient pronounced DOA.

DEFINITIONS:

Dependent Lividity: Settling of blood in gravity-dependent portions of the body (back/buttocks) causing a purplish red discoloration of the skin. It starts twenty minutes to three hours after death, with maximum lividity occurring in 6 to 12 hours.

Rigor Mortis: Stiffening of muscles in the body. It begins approximately three to four hours after death and is first observed in the muscles of the face and jaw.

INDICATIONS:

Indications for withholding resuscitation efforts include:

- Confirmation of a valid Virginia Durable Do Not Resuscitate (VDDNR), other authorized DNR orders following the Office of EMS regulations, and the REMS DNR Protocol, or;
- Conditions incompatible with life:
 - Decomposition
 - Decapitation
 - Incineration
- Signs of non-recent death
 - Dependent Lividity
 - Rigor Mortis

If resuscitative efforts have begun before the arrival of EMS Clinicians and the patient meets the criteria for withholding resuscitation, efforts can be discontinued.

CONTRAINDICATIONS:

Resuscitative efforts shall not be withheld in the following circumstances:

- Cardiac arrest with hypothermia or cold-water immersion.
- Cardiac arrest with electrical injury (electrocution), including those struck by lightning.
- Patients in third-trimester pregnancy

PROCEDURE:

Clinicians shall confirm the patient is unresponsive, apneic, pulseless.

Assessment shall include:

- Pupils do not respond to light.
- Absence of apical heart activity by auscultation or ultrasound (if available)
- ECG confirms no electrical activity (Asystole) in Leads II & III (if ALS is available).

EXCLUSION: Patients with a VDDNR, other authorized VAOEMS DNR; and those that are decomposed, decapitated or incinerated.

DOCUMENTATION:

The following shall be documented in the patient's ePCR:

- Patient assessment findings - unresponsive, apneic, pulseless, dependent lividity, rigor mortis, and any other significant clinical findings.
- Pupillary function
- Apical heart sounds
- Heart rhythm in Leads II & III (if ALS)
- Time of pronouncement of death
- Name of law enforcement officer body transferred to

NOTE:

- Patients with an implantable pacemaker may continue to generate organized ECG complexes after death and until the pacemaker is deactivated.
- After death, the body's temperature remains unchanged for up to three hours; relying on the body's temperature to determine time of death is unreliable.
- Consult with law enforcement before moving or covering the body. Using hospital linens can potentially contaminate crime scenes however protecting the body from public view needs to be considered.
- Offer counseling and related assistance as needed.