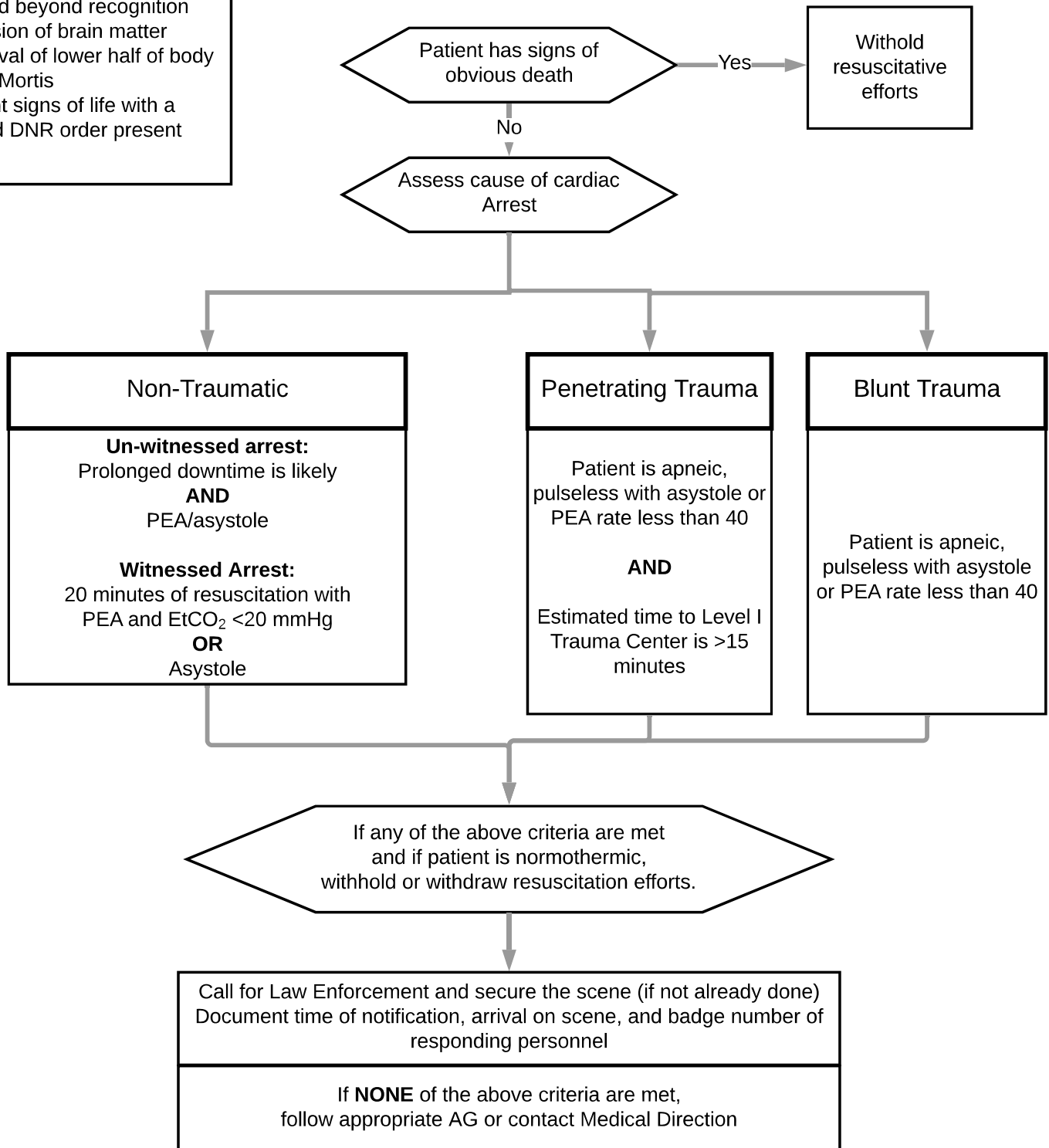




Obvious Death Criteria:

- Decapitation
- Decomposed
- Burned beyond recognition
- Extrusion of brain matter
- Removal of lower half of body
- Rigor Mortis
- Absent signs of life with a signed DNR order present





Education/Pearls

- Patients must be pulseless and apneic to apply this AG. PEA/Asystole should be confirmed in two leads for at least ten seconds.
- If the patient is hypothermic due to submersion or environmental exposure, follow [OHCA AG](#) and transport per guideline.
- Online medical direction is not necessary if the patient meets this AG criteria.
- An EMS provider must remain with the patient until released to the Law Enforcement Officer.
- For patients <18 years of age, consultation with online medical direction is recommended.
- After termination, do not alter body condition in any way or remove equipment (lines, tubes, etc.). Doing so may compromise potential Medical Examiner investigation

Advanced Directives (ADs): ADs describe the patient's wishes for treatment in life-threatening situations, and may include limitations of compressions, airway management, feeding, fluids, and preference for organ donation or dialysis. In the absence of formal written directions (MOLST, POLST, DNR, generic advanced directives), a person with power of attorney for healthcare or healthcare proxy may prescribe limits of treatment.

- Patients must have one of the following documents or a valid alternative (such as identification bracelet indicating wishes) immediately available:
 - Physician Orders for Life Sustaining Treatment (POLST) or Medical Orders for Life Sustaining Treatment (MOLST): explicitly describes acceptable interventions for the patient in the form of medical orders, and must be signed by a physician or other empowered medical provider to be valid.
 - Do Not Resuscitate (DNR) order: identifies that CPR and intubation are not to be initiated if the patient is in arrest or peri-arrest. The extent of interventions covered by this order can vary widely.
 - One of the documents above is valid when it meets all of the following criteria:
 - Be intact: it has not been cut, broken or shows signs of being repaired
 - Display the patient's name and the physician's name
- If there is documentation of Advanced Directives (POLST, MOLST, DNR), the patient should receive full treatment per protocols with the exception of any intervention specifically prohibited in the patient's advanced directive; for example, a patient with a DNI (Do Not Intubate) should receive all interventions except intubation.
 - If for any reason an intervention that is prohibited by an advanced directive is being considered, online medical direction should be obtained.
- In cases where the patient's status is unclear, appropriateness of withholding resuscitation efforts is questioned, or if there is question on the validity of the provided forms, EMS personnel should initiate CPR immediately and then contact online medical direction. Proceed with resuscitation until additional information can be obtained to clarify the best course of action.
- Special Consideration: For scene safety and/or family wishes, the provider may decide to implement CPR even if all the criteria for death are met.

Traumatic Arrest:

- Resuscitation efforts may be terminated in any blunt trauma patient who is apneic, and pulseless.
- Victims of penetrating trauma found apneic and pulseless should be rapidly assessed for the presence of other signs of life, such as pupillary reflexes, spontaneous movement, response to pain, and electrical activity on EKG.
- If resuscitation is not terminated, transport is indicated. Cardiopulmonary arrest patients in whom mechanism of injury does not correlate with clinical condition, suggesting a non-traumatic cause of arrest, should have standard ALS resuscitation initiated.