

# DEAD ON ARRIVAL (DOA)

1. Purpose: This protocol is designed to assist the crew with the presumption of death in the pre-hospital setting.
2. Indications
  - 2.1. Presumption of death in the pre-hospital setting **without medical control consultation/physician orders**, should be considered if the patient is apneic and pulseless and meets at least one of the following:
    - 2.1.1. Decapitation or gross dismemberment
    - 2.1.2. Decomposition or putrefaction
    - 2.1.3. Rigor mortis with warm air temperature
    - 2.1.4. Pulseless, apneic patient in mass casualty incident where EMS resources are required for stabilization of living patients
    - 2.1.5. Lividity (Refers to the dark purple color of the body area that is found closest to the ground where it's lying, resulting from blood pooling after cardiac arrest.)
    - 2.1.6. When the patient is inaccessible for any resuscitation attempts, documentation of absence of vital signs for over ten minutes by the attending medic (i.e. pulseless, apneic patient is entrapped in a vehicle and the medics are unable to physically perform chest compressions due to the inability to gain access to the patient.)
    - 2.1.7. Confirmed underwater submersion for greater than 60 minutes
    - 2.1.8. Blunt or penetrating trauma with injuries incompatible with life
  - 2.2. In cases in which no findings in section 2.1 are present, presumption of death in the pre-hospital setting **with medical control consultation/physicians orders**, should be considered in the following instances, **(all must be present)**:
    - 2.2.1. Blunt trauma
    - 2.2.2. Patient age of 18 years-old or older
    - 2.2.3. Patient must be in asystole or PEA with a rate of < 40
    - 2.2.4. Hypothermia is not suspected
3. The following are NOT evidence of biological death:
  - 3.1. Absence of vital signs for an undetermined period of time
  - 3.2. Fixed and/or dilated pupils
  - 3.3. Cold skin
  - 3.4. Lack of pre-arrival CPR
4. Documentation:
  - 4.1. An electronic Patient Care Record should be medically documented in all incidences of DOA and the EKG should be attached when performed.
5. Coroner Notification: In any case of violent, traumatic, unexpected death, or circumstances when conditions arouse any suspicion of the cause of death, the appropriate coroner must be notified. When law enforcement personnel are present, they should handle the notification. If AASI finds it necessary to contact the coroner, this will be done through the Communication Center. The crew on the scene will then speak to the coroner and be prepared to relay all of the following information:
  - 5.1. Patient's name
  - 5.2. Patient's age
  - 5.3. Apparent nature of the death (GSW, MVA, natural causes, etc.)
  - 5.4. Name of usual physician

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- 5.5. Date last seen by that physician
- 5.6. Exact location of the body, including specific directions for reaching that location
- 5.7. Name and telephone number of a family member or other contact from whom the coroner may obtain additional information
- 6. Transportation of bodies is the responsibility of the coroner. When requested by a coroner, and in the interest of public safety, AASI crews already on the scene may remove a body from the scene to a place, within that parish, designated by the coroner. This will first be cleared through the Communication Center. This courtesy shall be limited to special circumstances, such as the presence of a body on/in public places which may compromise public safety. When such a service is performed for a coroner, an ePCR will be completed and the usual charge will be made. In all DOA cases, AASI employees will attempt to remain on the scene until the coroner arrives or AASI personnel have been released by the coroner, prior to his/her arrival. When death appears to have occurred from natural causes and the subject has been seen by a physician within the past 36 hours, AASI personnel will attempt to contact that physician, so that he/she may make a disposition. In such circumstances, the coroner will be contacted only when that physician cannot be reached.
- 7. Special Considerations:
  - 7.1. AASI personnel will NOT:
    - 7.1.1. Move a body from a home, hospital, nursing home, physician's office or other health care facilities, except by special request of the coroner
    - 7.1.2. Respond to a call solely for the purpose of moving a body
    - 7.1.3. Allow coroner courtesy transports to take precedence over any other calls
  - 7.2. AASI employees will NOT disturb the body or scene when death is obvious. In such circumstances, AASI personnel will only make such examination as is necessary to determine death.
  - 7.3. Whenever any patient is removed from the scene of violence, dies en route to the hospital; or is pronounced DOA at the hospital or prior to the departure of the AASI crew, that crew will make every effort to avoid disturbing the scene and to document in the ePCR any unusual circumstances that were noted.
  - 7.4. In the event of an offshore DOA, the body should be flown to a hospital based at the nearest port of entry to the offshore location.