

# Dead is Dead

Considering NOT Resuscitating  
In Traumatic Arrest

# Disclaimers

## Conflict of Interest


This is not the viewpoint of my full time employer, the State of Connecticut. Consult your attorney and medical director for additional information. Nothing here establishes legal or clinical protocol, policy or precedent. I am not paid for this talk and lets be honest I would probably waste any income on hiring an assistant to make better PowerPoint presentations. I am not responsible for your poor decision making. Past performance is not a guarantee of future performance. Read and use at your own risk. Provided as-is and without warranty. May cause side effects including happiness, sadness, anxiety, boredom, meetings on the 4th Thursday of the month, discharge, bad attitude.

# DISPATCH

- Rural area
- Volunteer BLS
- 14 minute ETA ALS
- Hospitals
  - Community - 25 minutes West
  - Level 1 Trauma - 35 minutes West
  - Level 2 Trauma - 20 minutes South

# Pedestrian Struck





6164/10 GMC  
5.6.10

# Large Axilla Laceration

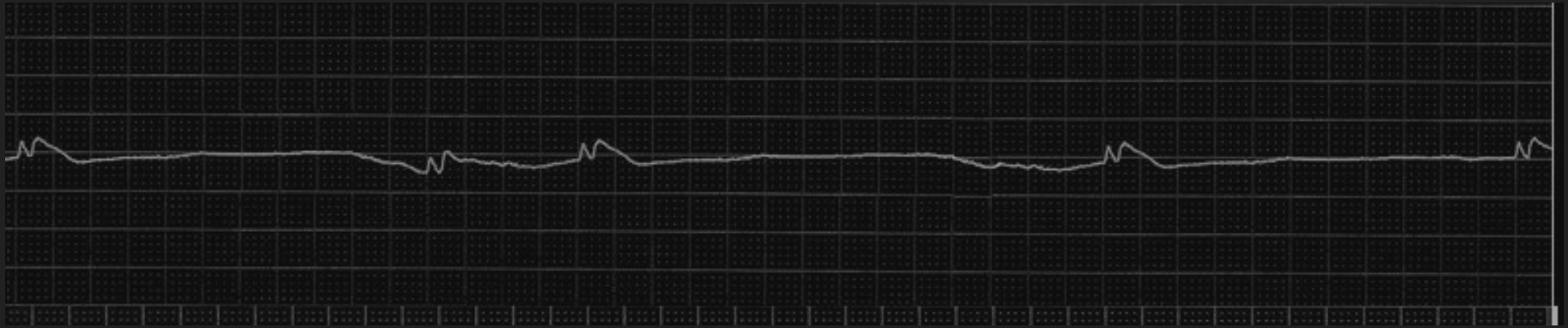
A photograph showing a person lying on their back on a paved surface, being resuscitated by another person. The rescuer is kneeling and performing chest compressions. The scene is dimly lit, suggesting an outdoor setting at dusk or dawn. The text is overlaid on the image in white.

# Cardiac Arrest

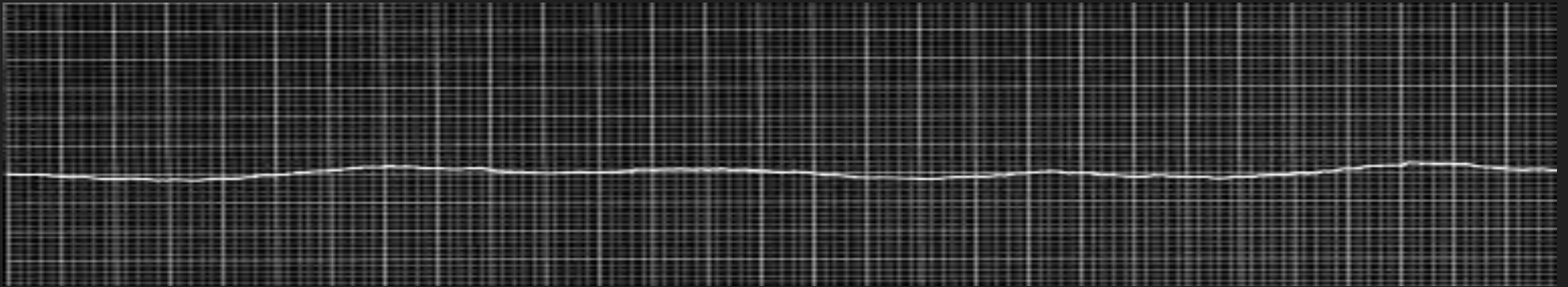
BLS CPR

BVM with O2

AED applied - No Shock Advised



**EKG**



A close-up photograph of a medical professional wearing a blue nitrile glove using a red-handled IO inserter on a patient's arm. The inserter is a long, thin needle with a yellow tip, which is being inserted into the patient's skin. The patient's arm is resting on a light blue surface. The background is slightly blurred, showing a white hospital gown and a patterned fabric.

# IO Access

1,000 ml NS

1 mg Epinephrine 1 mg/ml





# I-Gel

Capnography 20 mmHg  
BVM & O2



The image shows a diagram of a human back with a white outline of the spine and ribs. A hand is shown holding a needle over the 2nd intercostal space (IS). A red dashed line indicates the Midaxillary Line (MCL). Labels include '1st IS', '2nd IS', and 'MCL'.

# Bilateral Needle Decompression



# Time to Phone a Friend





A female doctor with a stethoscope around her neck is sitting at a desk in a clinical setting. She is smiling and talking on a black corded telephone. In her left hand, she holds a pen over a clipboard. On the desk in front of her is a white cup and a black telephone base. The background is a blurred office environment with a window and a blue wall.

Work another 20 minutes!

- Dr. Somelove

Transport to Trauma Center

A man with grey hair, wearing a dark suit jacket over a black clerical shirt with a white tab collar, and a long gold chain with a large cross pendant. He is standing in a room with a wall of framed pictures or portraits. The image is dimly lit and has a dark overlay.

# Final Intervention

Compare



# Motorcycle Down



Pulseless  
Apneic  
Asystolic

Pulseless  
Apneic  
Asystolic

**Dead**

Trauma

Pulseless

Apneic

Asystole

60 minutes ALS care

Trauma team activation

2 EMS units committed

Trauma

Pulseless

Apneic

Asystole

Back to Netflix

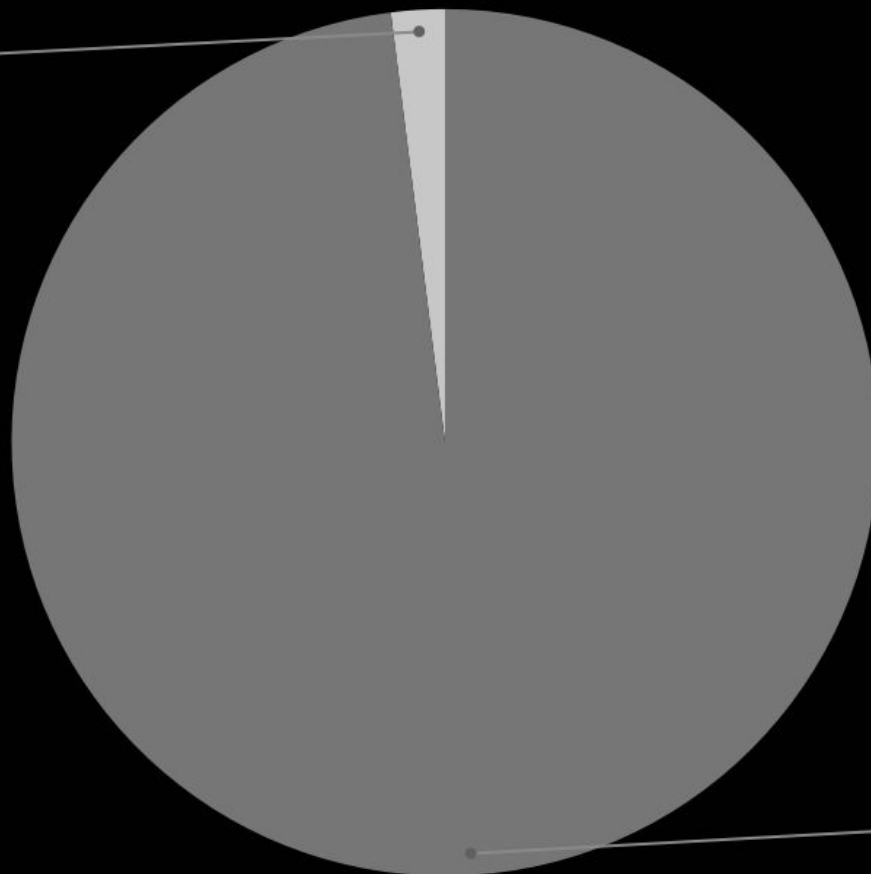
# The Research - Traumatic Arrest Cases

	<b>Traumatic Arrest</b>	<b>Alive</b>
Shimazu, et al	<b>267</b>	<b>7</b>
Rosemurgy, et al	<b>124</b>	<b>0</b>
Stratton, et al	<b>879</b>	<b>9</b>
Battistella, et al	<b>602</b>	<b>16</b>

# Traumatic Arrest

Alive

2.0%



Dead

98.0%

# The Consensus

National Association of EMS Physicians  
American College of Surgeons



**Dr. Norman McSwain**

# Blunt Trauma

Cardiac Arrest

- No Pulse
- No Breathing
- No Organized EKG

**Withhold Resuscitation**



# Penetrating Trauma

Cardiac Arrest

- No Pulse
- No Breathing
- No Organized EKG
- No Movement
- No Pupil Response

**Withhold Resuscitation**

# All Trauma

With Any Of These Findings

- Decapitation
- Transection
- Rigor mortis
- Dependant lividity
- Decomposition

**Withhold Resuscitation**

# Prolonged CPR

In Traumatic Arrest

- 15+ minutes CPR or
- 15+ minute transport

**Consider Terminating  
Resuscitation**

# Critical Exceptions

To Field Termination  
Of Resuscitation

- Lightning strikes
- Hypothermia
- Drowning
- Commotio cordis

# What Can Work in Trauma



**Bleeding control**

**Pressure bandages**

**Wound packing**

**Hemostatics**

**Tourniquets**

**Pelvic binding**

**Needle chest decompression**

**Airway management**

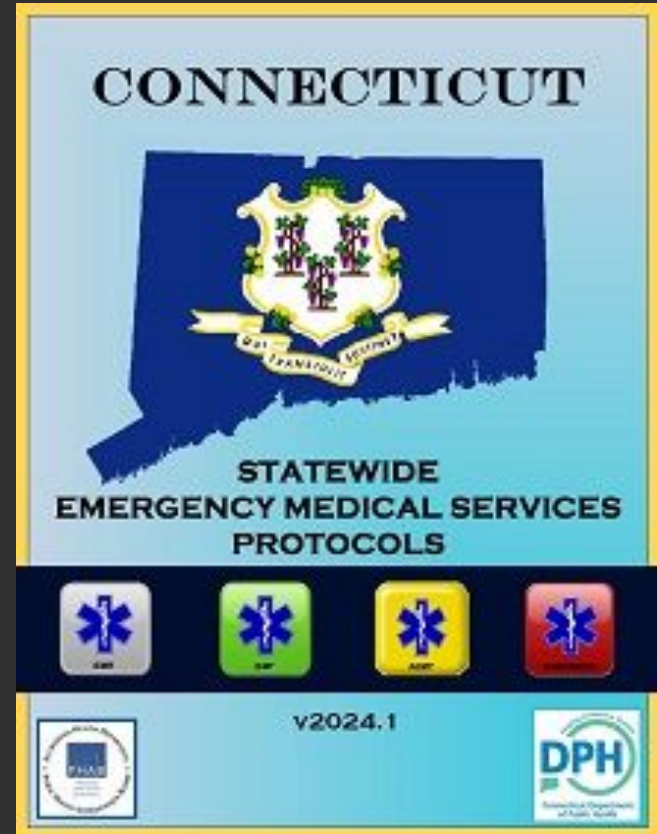
**A little fluid**

**TXA - Tranexamic acid**

**Blood transfusion**

# Protocol

In Connecticut



# Local Protocol

All levels of provider

Consider not initiating resuscitation or early termination of efforts if there are obvious signs of death, injuries incompatible with life

Paramedics

Consider termination of resuscitation and presumption if:

- Anticipated transport time to an ED/trauma center is 15 minutes or greater

AND

- There is no ROSC despite effective airway management, needle decompression (if indicated), pelvic binding (if indicated) and IV fluid therapy

# Notes

- If blood product has been administered, DMO consult is required if termination of resuscitation is being considered
- If resuscitation is initiated and anticipated transport time to an ED/trauma center is <15 minutes, minimize time spent on-scene (goal <10 minutes)



# Dead on Scene

All Providers

## Signs of Death

(All five signs of death must be present)

- Unresponsiveness.
- Apnea.
- Absence of palpable pulses at carotid, radial, and femoral sites.
- Unresponsive pupils.
- Absence of heart sounds

# Dead on Scene

All Providers

## Factors of Death

(At least one factor of death must be present)

- Damage or destruction of the body incompatible with life, such as:
  - Decapitation.
  - Decomposition.
  - Deforming brain injury.
  - Incineration or extensive full thickness burns.
- Lividity and Rigor mortis of any degree. (Both must be present)

## Paramedic

Paramedic must apply ECG to confirm absence of organized cardiac electrical activity in at least two leads

## EMT-AEMT

EMT/AEMT must consult online DMO for orders to presume death.

# NASEMSO National Model EMS Guidelines

- Age 18+
  - **Blunt** trauma
  - Apneic & Pulseless
  - Asystole - EKG
  - Terminate resuscitation
- Age 18+
  - **Penetrating** trauma
  - Apneic & Pulseless
  - Consider:
    - Pupillary reflex
    - Spontaneous movement
    - Organized EKG
  - Call DMO for termination

# Prehospital Ultrasound



# Crime Scene Considerations

A photograph of a crime scene. In the foreground, a yellow crime scene tape with the text "CRIME SCENE DO NOT CROSS" is stretched across the frame. Behind the tape, several people are gathered around a person lying on a stretcher. To the left, a white ambulance is visible with "MEDIC" and "308" on its side. A man in a blue shirt and grey pants is standing to the right, looking towards the scene. The background shows a brick building and some trees. The overall scene is dimly lit, suggesting it might be dusk or dawn.

- Limit access
- Preserve physical evidence
- Medical equipment
- Body position

# Family Notification of Death

- Use patient name
- Use “dead”, “died”
- Explain efforts
- Be brief
- Answer questions
- Avoid euphemisms
  - *Passed, moved on, no longer with us*
- Avoid religious terms
  - *Gone to God, blessings*
- Avoid comparing feelings

# Take Home Points

- Trauma arrest may be worked
- Unlikely cases may be terminated
- Consider the big interventions
  - Tourniquets
  - Intubation
  - Decompression
  - Blood



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# References

Withholding and termination of resuscitation of adult cardiopulmonary arrest secondary to trauma: Resource document to the joint NAEMSP-ACSCOT position statements J Trauma Acute Care Surg. 2013;75: 459Y467

[https://www.facs.org/media/khohe0e/5a\\_termination\\_of\\_resuscitation\\_adult\\_2013.pdf](https://www.facs.org/media/khohe0e/5a_termination_of_resuscitation_adult_2013.pdf)

Guidelines for Withholding or Termination of Resuscitation in Prehospital Traumatic Cardiopulmonary Arrest: Joint Position Statement of the National Association of EMS Physicians and the American College of Surgeons Committee on Trauma

[https://journals.lww.com/journalacs/citation/2003/01000/guidelines\\_for\\_withholding\\_or\\_termination\\_of.18.a.spx](https://journals.lww.com/journalacs/citation/2003/01000/guidelines_for_withholding_or_termination_of.18.a.spx)

Connecticut EMS Protocols

[https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/ems/pdf/statewide\\_protocols/2024/v20241\\_ctemsstatewideprotocolsfinalmarch2024.pdf](https://portal.ct.gov/-/media/departments-and-agencies/dph/dph/ems/pdf/statewide_protocols/2024/v20241_ctemsstatewideprotocolsfinalmarch2024.pdf)

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