

PURPOSE:

Provide guidance for medical consultation and destination related to the death of a patient during transport.

Scope: EMS Transports both 911 response and those originating at a hospital to another hospital, home, or long-term care facility.

STAKEHOLDERS:

MedEvac Clinical Practitioners.

DEFINITIONS:

PROVISIONS (POLICY / CONTENT / PROCEDURAL STEPS):

911 EMS Response and Transport

- Should resuscitation be terminated before the patient transport occurs via ambulance or helicopter, the disposition will be the same as if the patient were found deceased at the scene.
- When resuscitation is discontinued after transportation has begun, the deceased will be transported to a receiving hospital for disposition, ideally in the county where the patient was pronounced dead, unless Medical Control or Medical Examiner/Coroner advises differently.
 - This includes patients with a valid DNR order and develop cardiac arrest during transport

Hospice Patient Transport

- Confirm Do Not Resuscitate Status
- Make contact with the Hospice Program Nurse/designee to determine the most appropriate destination for the deceased
- Typical destination: Proceed to the associated hospital or home location
- Transition responsibility of the deceased to hospital staff or Hospice Nurse/designee

Discharge Transport of Patient with valid DNR order

- Contact sending physician
 - If the sending physician and sending facility are willing to take responsibility for death notifications and paperwork, Return to the sending facility and transition responsibility of the deceased to sending facility personnel
 - If the sending physician and facility are NOT willing to take responsibility for death notifications and paperwork, Contact MedEvac Medical Director On-Call and county of death medical examiners/coroner to determine next steps

Acute Care Transport of Patient with valid DNR order

- Ideally, the sending or receiving physician or MedEvac Medical Director On-Call would have been contacted to discuss clinical decompensation
- Contact the sending or receiving physician depending on the clinical situation, previous conversations, and location at the time of death
 - Determine if sending or receiving physician/facility are most appropriate and willing to take responsibility for death notifications and paperwork: Proceed to the appropriate facility and transition responsibility of the deceased to facility personnel

- If the sending or receiving physician/facility are NOT willing to take responsibility for death notifications and paperwork, Contact MedEvac Medical Director On-Call and county of death medical examiners/coroner via MedEvac Dispatch to determine the next steps

Acute Care Inter-Facility Transport

- The sending or receiving physician should be contacted to discuss clinical decompensation.
 - Clinical situation, previous conversations, and location are all factors in determining if the sending or receiving physician is the best resource
 - MedEvac Medical Director On-Call is an additional resource
 - Depending on clinical condition and location: determine during resuscitation efforts if the destination should be 1) return to sending facility, 2) continue to planned receiving facility, 3) diversion to closer facility
- If the sending physician determines that termination of resuscitation is in the best interest given clinical condition and location, resuscitation should be terminated and documented appropriately:
 - If the sending facility and location of the ambulance at the time of resuscitation termination are in the same county, proceed back to the sending facility and, in cooperation with the sending facility, transfer care to the sending facility staff or medical examiner/coroner
 - If the sending facility and location of the ambulance at the time of resuscitation termination are in different counties, contact the medical examiner/coroner of the county where resuscitation was terminated via MedEvac Dispatch to determine next steps
- If the receiving physician determines that termination of resuscitation is in the best interest given clinical condition and location, resuscitation should be terminated and documented appropriately:
 - If the receiving facility and location of the ambulance at the time of resuscitation termination are in the same county, proceed to the receiving facility and, in cooperation with the receiving facility, transfer care to the receiving facility staff or medical examiner/coroner
 - If the receiving facility and location of the ambulance at the time of resuscitation termination are in different counties, contact the medical examiner/coroner of the county where resuscitation was terminated via MedEvac Dispatch to determine next steps
- If MedEvac Medical Director On-Call determines that termination of resuscitation is in the best interest given clinical condition and location, resuscitation should be terminated and documented appropriately. The medical examiner/coroner of the county where resuscitation was terminated will be contacted via MedEvac Dispatch to determine the next steps.

Air Medical Considerations

- Determining the exact county the aircraft is over at the time of resuscitation termination may be a challenging process.
- Differ to pilot in command to determine the most appropriate location to land the helicopter
 - If within a reasonable distance of the sending or receiving facility, these facilities would be the most appropriate location
 - If landing occurs at another location, it is essential that the landing zone can support waiting for the medical examiner/coroner to respond and that that area is appropriate for the transfer of custody of the decedent.

REFERENCES:

Related Policies

- Determination of of Death-Withholding Resuscitative Efforts
- Do Not Resuscitate Status-Advanced Directives-POA

- Termination of Resuscitative Efforts