Central DuPage Emergency Medical Services System

Obviously Dead Patients: Triple Zero

INTRODUCTION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: 6/92	EMSS COORDINATOR: _____
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PURPOSE:

To define when CPR is to be initiated, and when it is not to be initiated.

POLICY/PROCEDURE:

EMTs, whether operating at a Basic or Advanced Life Support level, are required to assess the patient and immediately initiate CPR whenever a patient is found to be non-breathing, pulseless, and asystolic.

Full Resuscitative Measures must be performed unless:

1. A valid DNR exists.
2. Signs of long-term death apparent, i.e. profound dependent lividity, rigor mortis, decomposition.
3. Signs of death exist with injuries that are incompatible with life, i.e. decapitation.
4. The Health Care Power of Attorney, who is present with written proof saying they are the POA for Healthcare, requests no resuscitation. **Medical Control Physician must be contacted, the situation must be explained, and orders must be received in order to withdraw efforts.**

A. TRIPLE ZERO:

The use of the term "triple zero" helps to alleviate the possibility of hysteria from family and/or bystanders due to any radio communications they may overhear and clearly alerts the hospital telemetry personnel to the likelihood of an obviously dead patient.

1. The field unit will notify the hospital over telemetry or cell phone. **"We have a TRIPLE 0."** This indicates that they have a patient who is pulseless, non-breathing, shows asystole on the monitor and exhibits one or more of the following long-term indications of death:

   A. Rigor mortis without profound hypothermia.
   B. Profound dependent lividity.
   C. Skin deterioration or decomposition.
   D. Mummification or dehydration, especially in infants.
   E. Putrification.

2. Pulseless, apneic patients without long-term signs of death (above) but sustained injuries incompatible with life. All calls should be discussed with Medical Control Physician. Examples are:

   a. Decapitation
   b. Incineration.
   c. Exsanguinated blood volume.
   d. Extensive brain matter showing in a pulseless, apneic patient.
   e. Traumatic arrest with long extrication and inability to begin treatment. (All traumatic arrest patients should have resuscitation started barring extended extrication or a MVI triage situation.)

3. The paramedic must confirm asystole in two leads.

4. The ECRN will confirm with the ED physician the patient findings and will tell the paramedic the pronouncement time and name of ED physician pronouncing.

6. Transport of a **TRIPLE 0** - If the EMTs encounter a patient whom they confirm to be a **TRIPLE 0** over telemetry, they may call the police or coroner for disposition of the body. Dead bodies are not allowed to be transported to the hospital according to county law.

7. When police are on the scene of dead patients they approach these patients as homicides until proven otherwise. Conflict may arise when police want to protect a possible crime scene and EMS wants to check for a pulse, rigor mortis and lividity. Working in a situation such as this requires common sense and respect for the other profession. Compromise may be required. Call Medical Control immediately if problems arise.