

# CPER digest

# June 2016

You are called to a private residence for a 30 year old male patient reported to be in cardiac arrest. Upon your arrival, firefighters and police report that the patient is "obviously dead". As per the Basic Life Support Patient Care Standards (BLS PCS) (Version 2.0, Section 1, page 54-55), you must complete a thorough physical assessment so you confirm that the scene is safe before you proceed to enter the residence. The police ask that you are careful not to disturb the scene during your assessment as the death is under investigation. You find the patient in the living room, lying on his left side. Your initial scan of the room does not reveal any signs of struggle, medications or drug paraphernalia. You check for a carotid pulse noting that the patient has no pulse or spontaneous respirations and that the patient's pupils are fixed and dilated with an opaque colouring. The patient's jaw and neck are stiff. The patient is cold to touch. A police officer on scene reports to you that this patient was last spoken to early yesterday morning. No medications have been located and the patient's medical history is unknown.

Does this patient meet the obviously dead criteria? If you said you require further findings, you are correct. You continue with your assessment and note lividity and gross rigor mortis to the patients extremities. The patient now meets obviously dead criteria with vital signs absent, gross rigor mortis and lividity. No further movement of the body or application of the cardiac monitor is required and the deceased is left in the care of the PD.

What would be pertinent information to document on your ePCR?

As per the BLS Standards (Version 2.0, Section 1, page 55), obvious death documentation should include findings of:

- a) Decapitation, transection, visible decomposition, putrefaction; or
- b) Absence of vital signs and;
  - i) A grossly charred body;
  - ii) An open head or torso wound with gross outpouring of cranial or visceral contents;
  - iii) Gross rigor mortis (ie. limbs and/or body stiff); or
  - iv) Lividity (ie. fixed, non-blanching purple or black discolouration of skin in dependent area of the body)

**\*\*\*If the patient does not meet this criteria, initiate your Medical/Trauma Cardiac Arrest Medical Directive.**

Documentation of one set of vital signs should be completed (heart rate, respiratory rate, GCS, pupils), as well as a descriptive physical exam of the above findings documented in the incident history and physical exam sections. Below is an example of suggested documentation. Please refer to the Documentation Standards and your service specific policies for additional documentation requirements (ie. codes, procedures, incident reports, etc.).

Time	Code	Treatment/Procedure/Med.	Result	Crew Member
June 1, 2016 08:05:00	20/30	BLS/ALS Assessment	See exam – obviously dead	1,2
June 1, 2016 08:05:00	10	HR: 0, Resps: 0, GCS: 3 (E=none,V=none, M=none), Pupils 5, non-reactive		1
June 1, 2016 08:10:00	370	Other BLS Procedure	Notes: Pt left with PD Badge #123	1,2

**General Appearance** – Pt found lying on left side on the living room floor. Pt cold to touch. No obvious trauma noted. No pulse or spontaneous respirations noted.

**Head/Neck** – No carotid pulse. Rigor noted in jaw and neck. Pupils fixed, dilated with opaque colouring. No obvious trauma noted.

**Chest** – No spontaneous respirations. Cold to touch. Lividity noted to left chest. No obvious trauma noted.

**Abdomen** – Cold to touch. Lividity noted to left abdomen. No obvious trauma noted.

**Back/Pelvis** – Cold to touch. Lividity noted to left back. No obvious trauma noted.

**Extremities** – Cold to touch. Rigor to all extremities.

**\*\*\*If you are unable to access the body (ie. Active fire, carbon monoxide, hazardous materials, weapons, etc.), document delays on your ePCR and contact dispatch, your service specific contact person and BHP as required.\*\*\***