**Code Black/ Dead on arrival (doa)**

**INCLUSION CRITERIA**

A. Any patient presenting with one of the following:

1. Physical decomposition of the body.

1. Rigor mortis (Caution: do not confuse with stiffness due to cold environment)
2. Dependent lividity (venous pooling in dependent body parts).
3. Decapitation.
4. Unwitnessed cardiac arrest of traumatic cause.
5. Traumatic cardiac arrest in entrapped patient with severe injury that is not compatible with life, such as severe blunt or penetrating trauma.
6. Incineration.
7. Submersion greater than 1 hour.
8. DNR status is confirmed. See DNR Guideline (1054).
9. In cases of mass casualty incidents where the number of seriously injured patients exceeds the personnel and resources to care for them, any patient who is apneic and pulseless may be triaged as DOA.

**Exclusion Criteria**

A. Obviously pregnant patient with cardiac arrest after trauma, if cardiac arrest was

 witnessed by EMS practitioners and with a short ETA to the receiving facility. These patients should receive resuscitation and immediate transport to the closest

 receiving facility.

B. Accidental hypothermia. These patients may be apneic, pulseless, and stiff.

 Resuscitation should be attempted in hypothermia cases unless body temperature is

 the same as the surrounding temperature and other signs of death are present

 (decomposition, lividity, etc.). See Hypothermia (6040).

C. Treatable arrhythmia such as VT or VF.

**Treatment**

A. All patients with signs of death:

1. Initial Patient Contact (2000).

1. Verify absence of pulse and apnea.
2. Verify patient meets DOA criteria listed above.
	1. If any doubt exists, initiate resuscitation and follow Cardiac Arrest Guideline (3000) and contact On-Line Medical Control.
	2. If patient meets DOA criteria listed above, ALS should be cancelled.
3. On-Line Medical Control must be contacted and must confirm withholding of resuscitative measures.
4. If the scene is a suspected crime scene, see Crime Scene Preservation Guidelines (1058).
5. In all cases where death has been determined, notify the Coroner or Investigating Agency. Remain on scene until arrival of Law Enforcement or Coroner. Follow the direction of the County Coroner Office/Investigating Agency regarding custody of the body.
6. Document in PCR the reason No Resuscitation was initiated. Document all conversations with On-Line Medical Control Physicians and instructions given.

**Possible Medical Control Orders:**

1. If CPR was initiated, but the Medical Control Physician is convinced that the efforts will be futile, the MCP may order termination of the resuscitation efforts.

**Notes:**

1. In the case of multiple patients from lightning strike, available resources should be committed to treating the patients with no signs of life unless they meet the other criteria listed above.

**Performance Parameters:**

1. Review all cases for documentation of DOA criteria listed above.