

Policy Title: **TRIPLE ZERO/NON-INITIATION OF CPR**

No. T - 1

Board approval: 9/18/03

Effective: 1/1/07

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I. **PURPOSE**

The term "**Triple Zero**" clearly alerts hospital personnel that a patient has suffered irreversible biological death. This trigger phrase indicates a patient who is unconscious, non-breathing, pulseless, has no breath or heart sounds and exhibits one or more of the following long-term indications of death:

- A. Decapitation or essential decapitation
- B. Thoracic/abdominal transection
- C. Massive cranial/cerebral destruction with brain extruded from open skull
- D. Rigor mortis without profound hypothermia
- E. Profound (widespread) dependent lividity
- F. Skin decomposition
- G. Mummification or dehydration, especially in infants
- H. Putrification
- I. Incineration
- J. Frozen state
- K. Trauma where CPR is impossible

II. **POLICY**

- A. **If a patient meets any of the above criteria for Triple Zero, no CPR should be initiated.**
Do not attach cardiac monitor leads.
- B. If a patient **does not meet the criteria for Triple zero or non-initiation of CPR per SOP**, and does not have a legitimate legal or medical reason to withhold resuscitation, CPR is to be initiated immediately and continued until one of the following occurs:
 - 1. Effective spontaneous circulation and ventilation have been restored;
 - 2. The EMS responder is exhausted and unable to continue;
 - 3. A direct order is given to stop from a qualified physician (telemetry or on scene) or a valid DNR order is presented; or
 - 4. Resuscitation efforts have been transferred to other persons of at least equal skill, training and experience.
- C. In cases where the patient's status is unclear and the appropriateness of **CONTINUED CPR** is questioned, prehospital personnel should call the nearest System Resource or Associate hospital for consultation **AFTER** initiation of CPR.
- D. Confirmation of Triple Zero **shall be interpreted as a pronouncement of death**. Note the date and time that Triple Zero was confirmed with the hospital on the patient care report. Provide the initials of the physician who confirmed death and the time of pronouncement to a law enforcement officer on the scene who will contact the coroner or medical examiner's office.

III. **RATIONALE**

- A. Since accurate prognosis of post-resuscitation brain status is not possible, resuscitation efforts should be promptly implemented when there is a possibility that a patient is viable or there are no reasons to withhold CPR. It is usually impossible to determine accurately the duration of complete cessation of cardiovascular function.
- B. The possibility of brain damage from hypoxia is not a valid reason, alone, for withholding resuscitation. Pupillary size and response to light is also **not** reason for withholding CPR. Drugs and diseases can make pupils nonreactive. Initially unreactive pupils may later become reactive.

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IV. **PROCEDURE TO CONFIRM/DOCUMENT TRIPLE ZERO**

- A. EMS personnel shall notify the nearest System Resource or Associate hospital over the telemetry radio or cellular phone and state, "We have a triple zero" (or words to that effect). **If there are three or more victims, or if communications must be confidential and discrete, as in a crime scene, ALS Providers shall call on the landline phone.**
- B. Communicate the patient's known medical history/condition upon EMS arrival unless prevented access to the patient. There may be circumstances, such as a crime scene, where police may deny EMTs access to the body(ies) in order to preserve evidence. In these cases, note the circumstances or facts as they are known and the police officer's badge number on the patient care report.
- C. ECRNs shall document the information transmitted during the call on a System Communications Log.

V. **TRANSPORT OF TRIPLE ZERO PATIENTS**

The EMS System discourages transport of persons declared dead through triple zero confirmation by responding ALS personnel. Situations may arise where prolonged delays resulting from dispensation of obviously dead patients would tie up an ALS vehicle for unreasonable lengths of time. If EMS personnel encounter a patient whom they confirm to be a Triple 0, they should transfer responsibility for disposition of the body to an appropriate law enforcement agency or an agency who is reasonably appropriate for the circumstance who may transport the person to the appropriate county morgue or to a funeral home if released by the medical examiner/coroner. In all cases of questionable death as defined by Illinois Statute in the Medical Examiner/Coroner Guidelines Policy M-4, the body shall not be moved until the Coroner/Medical Examiner has arrived on the scene or permission has been granted to remove the body. If in doubt as to whether the patient will be a Coroner's or Medical Examiner's case, consult System Policy M-4.

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