

## **El Paso Teller E911 Authority. Obvious Death Policy**

Number 5.2

Revised September 1, 2005

Subject: Dr. Gifford's EMD Policies Version 11.2

### **Obvious Death (Protocol 9):**

In accordance with National Academy guidelines, the following patient conditions have been defined and authorized as "Obvious Death" situations. Local medical control, (Dr. Marilyn Gifford) has authorized the use of the "9B1" (unquestionable) and "27B5" (Obvious Death explosive GSW to head) determinant descriptor for these situations.

- 1) Cold and stiff in a warm environment- A "warm environment" is defined as a controlled temperature setting, (i.e., house, business etc). The caller must volunteer either cold or stiff for the call taker to clarify further. If the caller were to advise the patient is "stiff", the call taker may ask if the patient is also cold to touch etc.
- 2) Decapitation- Where the head is separated from the body
- 3) Decomposition – Any volunteered information that the patient has started the decomposition process, (i.e., bloated, stinky etc)

### **Obvious Death (Protocol 27):**

1) Obvious Death (GSW to Head). An OBVIOUS DEATH situation due to an explosive GSW (gunshot wound) to the head should be unquestionable.

The EMD *must* follow the Case Entry Protocol and *verify* that the patient is *not conscious and not breathing*. The EMD must adhere to all protocol rules.

### Expected Death (Protocol 9):

Additionally, in accordance with the protocol, Dr. Gifford has approved only one case for the 9 Omega 1 EXPECTED DEATH (unquestionable). In the event that a hospice patient expires at home and a 9-1-1 call for help is made the call taker may, after verifying the status of Consciousness and Breathing in Case Entry, use the 9-Omega-1 Determinant Descriptor. If the caller does not wish to perform CPR and volunteers that he or she is requesting a hospice nurse, coroner, mortuary, police officer, or any other official to “pronounce” the patient dead; the 9-1-1 call taker may assume that 9-1-1 was accessed because the caller did not follow the procedure as outlined by the hospice caregiver.

### **High Risk Pregnancy (Protocol 24):**

In accordance with the Medical Priority Dispatch System’s mandate, Dr. Marilyn Gifford has determined that a call shall be coded with the Determinant Descriptor 24 D 5 HIGH RISK complications any time the caller answers “yes” to Key Question number 5 on protocol 24 *Pregnancy/ Childbirth/Miscarriage*. All of the other Delta Determinant Descriptors on this protocol shall take precedence over this descriptor. Conditions that may be considered as “High Risk” include but are not limited to:

- 1) Patients that have been treated for pre-term labor
- 2) Patients with pre-eclampsia (toxemia of pregnancy)
- 3) Patients pregnant with “multiples”

Patients described as High Risk by the caller for any reason.

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Approved Signature of Dr. Marilyn Gifford/Physician Advisor  
September 1, 2005