



Sunnybrook-Osler
Centre for Prehospital Care



EXPECTED DEATH

What does a paramedic do?

Guidelines for Primary Care Paramedics



EXPECTED DEATH

- **“Sticker” supplied for all Level 1/Level II paramedics outlining procedure**
- **Apply “sticker” to back of page PCP 33 in the Fall 2005 Paramedic Guide**

EXPECTED DEATH: DISPATCH

- **“Expected Death” calls now dispatched as a “charlie” response**
- **Usually cases of terminal illness or palliative care**
- **PCP crews dispatched to these calls will attend without Advanced Care Paramedic back-up**

EXPECTED DEATH: CONFIRMATION

- **Confirm the patient is VSA**
- **No need to attach cardiac monitor**
- **Speak to caregiver to ensure the information provided by dispatch is correct**
- **Do NOT begin resuscitation**

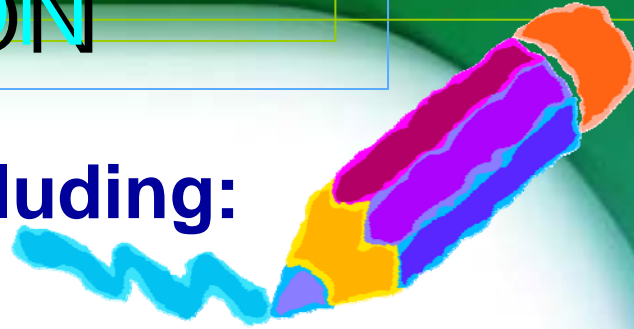
EXPECTED DEATH: CONTACTS

- **Contact the Base Hospital Physician for an order to withhold resuscitation**
- **Contact coroner via the usual means**
- **Remain on scene until the body can be left with a responsible professional**
- **Provide support to caregiver(s)**



EXPECTED DEATH: DOCUMENTATION

- **Fully complete ACR including:**
 - All of the areas typically completed
 - Procedures including base hospital physician patch (code 400) and pronouncement of death (code 366)
 - Time the order to withhold resuscitation was received
 - Name of BHP giving the order
 - Leave “white” copy of the completed ACR with the responsible professional



EXPECTED DEATH: EXCEPTIONS!

- **Guideline does not apply to “DELTA/ECHO” tiered response calls**
- **Guideline does not apply to calls where you are unsure the death was “unexpected”**
- **Begin resuscitation and continue until arrival of ACP**



DEATH NOTIFICATION:

SUPPORTING THE SURVIVORS



DEATH NOTIFICATION BY PARAMEDICS: WHAT WE KNOW

Findings:

- **families accept field termination and medics effectively manage survivor support**

Delbridge TR et al, "Field Termination of Unsuccessful Out-of-Hospital Cardiac Arrest Resuscitation: Acceptance by Family Members", *Annals of Emergency Medicine*, 1996; 27:5

Edwardsen, A et al, "Family Perspective of Medical Care and Grief Support after field termination by EMS Personnel: A Preliminary Report", *Prehospital Emergency Care*, 2002;6: 440-444

DEATH NOTIFICATION BY PARAMEDICS: WHAT WE KNOW

- **Family members accept termination of unsuccessful out-of-hospital cardiac arrest in the field**
- **Satisfaction expressed with emotional support received from EMS**
- **Many stated they knew the patient was dead when they called 911**
- **More comfortable grieving at home around family and loved ones**

DEATH NOTIFICATION BY PARAMEDICS: WHAT WE KNOW

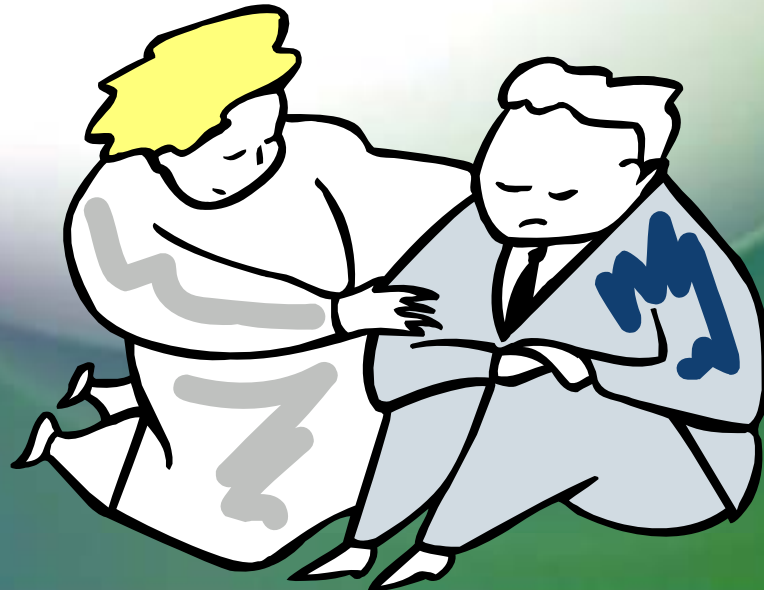
- **Felt closer to deceased**
- **Knew more about what was happening**
- **Some expressed that deceased would have wanted to die at home**
- **It mattered less to survivors who delivered death notification – more important was the manner in which news was delivered**
- **Less rushed, more personal communication appeared to produce a positive perception by bereaved**

DEATH NOTIFICATION: IN HOSPITAL

Conversely, family members of transported patients:

- **Expressed less positive interactions with EMS & ED staff**
- **Felt anxiety in rushing to ED**
- **Felt lonely sitting in waiting room waiting for information**
- **Felt futility in going to hospital when patient was often declared quickly**

CARING for the FAMILY



DELIVERING DEATH: NOTIFICATION



Prepare yourself:

- Take off your gloves, tuck in your shirt and wipe the sweat off your face
- Softening – switch from responder to supporter (from clinical to empathic)
- Direct yourself to spouse, parent, family member or friend
- Put yourself on the same level (sitting or standing)
- Make eye contact but don't stare



DELIVERING DEATH: NOTIFICATION

- **Deliver the death notification by using the 'D' word: dead, died, death (helps avoid denial)**
- **Deliver quickly – don't drag it out**
- **Allow a pause for survivor response**
- **Stay calm and compassionate at all times despite any hostility that might arise - it's not about you, it's about the reaction to a death**

SUPPORTING SURVIVORS

Using Touch:

- Generally touching key survivor's hand, shoulder or arm is sign of closeness
- Take survivor's lead from there
- Be cautious about hugging

SUPPORTING SURVIVORS

- Offer to make tea, coffee, get drinks
- Offer to call relatives, religious leader if needed
- Don't feel you have to keep talking – just being there is usually sufficient
- Offer the family the chance to say goodbye, including touching deceased (consult with police if necessary)
- Place the body in an appropriate location such as in bed (if local coroner/police authorities allow)

SUPPORTING SURVIVORS

- **Have partner clean up and prepare for next call**
- **Explain role of police, family MD and coroner**
- **Offer to call or call (when needed) local victim/crisis services staff to respond to scene and provide grief counseling**

HELPFUL PHRASES: ACKNOWLEDGE THE HURT

- I can't imagine how difficult this is for you
- I know this is very painful for you
- I'm so sorry for your loss
- It must be hard to accept
- It's harder than most people think
- You must have been very close to him/her
- How can I help?
- Most people who go through this react just as you are

HURTFUL PHRASES: DENY THE HURT

Comments to avoid:

- **God clichés such as “It was actually a blessing because...”**

Unhealthy expectations such as:

- **You shouldn't feel/act that way.**
- **Aren't you lucky that at least...**
- **You must get a hold of yourself.**
- **You must focus on your precious moments.**

HURTFUL PHRASES

- **His/her death was for the best**
- **Things always work out for the best**
- **I know how you feel. My ? died last year**
- **We all have to deal with loss**
- **At least s/he died in their sleep**

CULTURAL DIVERSITY AND GRIEF

- **There are almost as many religious practices and beliefs related to death and the treatment of the deceased as there are religions**

For example:

1. **Judaism: the body is to be buried (not cremated) within 24 to 48 hours of death**
2. **Islam: the body is to be buried without a coffin, not cremated, as soon as possible**
3. **Hinduism: the deceased should be placed as close to the ground as possible**

(Source: Religious Beliefs and Death)

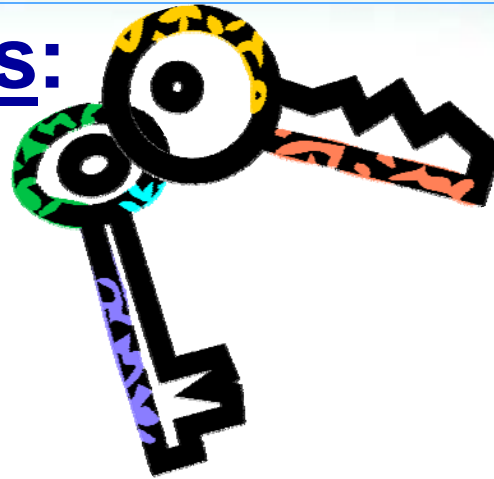
CULTURAL DIVERSITY AND GRIEF

- **It is not essential to study and know all cultural and religious practices and their implications following a death in the field**
- **It is important to ask questions and listen to survivors and family members of the decedent**
- **It is important to make every effort to respect the wishes of family members where possible and practical to do so**

CONCLUDING REMARKS

Keys to success:

- Understanding
- Caring
- Compassion
- Empathy
- Support
- Advocacy



THE FIELD PRONOUNCEMENT: SUPPORTING YOURSELF



SUPPORTING YOURSELF

- **Acknowledge right now that this can be a stressful event for you**
- **Stress increases when a death notification has to be given**
- **Confide in your partner and colleagues**
- **Confide in your partner at home**
- **Consider professional support if a case “just won’t leave you” in a few days**

QUESTIONS ?

SOCPC would like to acknowledge Greg Soto (ACP Niagara) and Dave Cook (ACP Toronto) whose contributions formed the original basis of this presentation.