

Jackson County Emergency Medical Services

Quality Assessment/Improvement

Pre-Hospital Death in the Field Review

Agency: _____ Reviewer: _____

Run #: _____ Review Date: _____

To Supervising Physician?

For Case Review?

Teaching Point: _____

Criteria	Acceptable/ Applicable	Comment (required if Not Acceptable or Not Applicable)	Criteria	Acceptable/ Applicable	Comment (required if Not Acceptable or Not Applicable)
Trauma Death?			Dead on Arrival(DOA)?		
Blunt Trauma?			Decapitation?		
Penetrating trauma?			Rigor mortis?		
Pupils fixed and dilated?			Decomposition?		
Do Not Resuscitate			Dependent Livedo?		
POLST form?			Resuscitation ceased		
On-line medical control?			On-line medical control?		

Comments, Concerns & Suggestions: