



Section 1: Administrative / Medical Control

GUIDELINE/PROCEDURES: TERMINATION OF RESUSCITATIVE EFFORTS

Under the auspices of each EMS jurisdiction and the Medical Director, termination of resuscitative efforts may apply.

PURPOSE

The purpose of this policy is to:

- Allow for discontinuation of prehospital resuscitation after delivery of adequate and appropriate ALS therapy.

PROCEDURE

1. Discontinuation of CPR and ALS intervention may be implemented prior to contact with Medical Control if ALL of the following criteria have been met:
 - The patient must be 18 years of age or older.
 - The patient's body core temperature is greater than 32 degrees Celsius (89.6 degrees F) .
 - The patient must be in asystole or PEA, and have the absence of a pulse and vital signs **confirmed**.
 - Adequate CPR has been administered.
 - The patient must have a properly placed orotracheal tube, supraglottic airway, or cricothyrotomy.
 - The patient must have a patent IV or intraosseous (IO).
 - The patient must not be in arrest due to hypothermia, or apparent drug overdose.
 - Two rounds of ACLS drugs / and subsequent procedures have been administered without return of spontaneous circulation (palpable pulse).
 - All EMS Paramedic personnel involved in the patient's care agree that discontinuation of the resuscitation is appropriate.
- If all of the above criteria are not met and discontinuation of prehospital resuscitation is desired, contact Medical Control. The Physician must speak directly with the Paramedic and must give consent for the resuscitation effort to cease.
- Document all patient care and interactions with the patient's family, personal Physician, medical examiner, law enforcement and Medical Control on EMS patient care report form.

Patients found in cardiac arrest from trauma, medical, environmental insult, who present as follows:

Trauma Arrest Patients:

- Trauma patients should be rapidly assessed for signs of life. If the patient is apneic and pulseless but has organized ECG activity, and has a down time less than 20 minutes (less than 10 minutes for blunt trauma) then they should be treated and transported to the nearest appropriate facility. Otherwise resuscitation efforts should be withheld.
- Resuscitative efforts should be withheld if a trauma arrest patient has signs of irreversible death
 - Decapitation
 - Rigor mortis
 - Decomposition
 - Injuries incompatible with life
 - 90% surface burns with other trauma

Medical Patients:

- Medical patients should be rapidly assessed for signs of life
- Resuscitative efforts should be withheld if a medical arrest patient
 - If the patient did **NOT** have a return of spontaneous pulse or respirations after 20 minutes of CPR, ACLS, successful ETT with confirmation by a secondary device, minimum of two rounds of medications, and all reversible causes have been identified.
 - Continuous asystole for at least 10 minutes in the adult patient, and 30 minutes in pediatric patients after CPR and successful airway management and a minimum of two rounds of medications, and no reversible cases identified.
 - Initial rhythm is asystole and signs of rigor mortis, or lividity are present.
 - A valid DNR directive is present with the patient.
 - Rigor mortis.
 - Decomposition.

Drowning patients: field resuscitation efforts should be withheld if:

- Patient has been submersed in water for more than 60 minutes and is **NOT** hypothermic
- Any obvious lethal injury is present

Patients with persistent VF/VT should be transported to a facility with PCI capabilities