



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

TERMINATION OF RESUSCITATION (TOR)

Adult

Definitions

Signs of Life (SOL): reactive pupils, response to pain, and spontaneous movement

Purpose

To provide criteria to determine futility of prehospital resuscitation in cases of cardiac arrest.

- In most out of hospital cardiac arrest scenarios, ALS providers are capable of performing resuscitation that is equivalent to in-hospital resuscitation. The evidence overwhelmingly supports BLS interventions such as CPR and defibrillation. Successful on-scene resuscitation predicts overall survival, while unsuccessful resuscitation on scene predicts non-survival. In most cases, there is no additional benefit to transporting patients to an emergency department if Return of Spontaneous Circulation (ROSC) is not achieved prior to transport.
- In the absence of factors requiring rapid transport, (e.g. unsafe scene, family dynamics, uncertain patient condition, other special circumstances), EMS personnel shall remain on scene and attempt resuscitation of cardiac arrest patients. It is imperative that EMS personnel understand the criteria for terminating resuscitative efforts. There are many factors that must be considered before termination of resuscitative efforts. Clinical judgment and respect for patients and their families is essential.

ALS

Medical Cardiac Arrest

Consider TOR if any of the following conditions are met after a minimum of 20 minutes ALS resuscitation

- Asystole or wide complex PEA < 40 BPM and no SOL
- Patient remains pulseless with ventricular fibrillation or ventricular tachycardia and no SOL

Traumatic Cardiac Arrest

Do not attempt resuscitation in the following conditions

- Blunt traumatic arrest with Asystole or wide complex PEA < 40 BPM, and no SOL
- Penetrating traumatic arrest with Asystole and no SOL

Consider TOR if any of the following conditions are met after 20 minutes of ALS resuscitation

- Asystole or wide complex PEA < 40 BPM and no SOL
- Transport time to the nearest ED or Trauma Center exceeds 15 minutes



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Consider

- After 20 minutes of ALS resuscitation efforts, consider termination when $\text{EtCO}_2 < 10$ mmHg with high-quality chest compressions and appropriate ventilations.
- Consider transport for patients with severe hypothermia. Patients with severe hypothermia and cardiac arrest may benefit from resuscitation even in cases of prolonged downtime and prolonged CPR during rewarming.
- Consider the needs of survivors when contemplating termination of resuscitation. In some cases, transport from the scene may be the better option.
- Scene management and safety of the crew and the public/bystanders may prevent withholding/termination of resuscitation. In general, do not terminate resuscitation in public places/establishments.

Direction

- EMS personnel shall not transport expired patients by ambulance except in the rare occurrence that a patient expires during transport. In these situations, EMS personnel shall continue resuscitative efforts and proceed with transport to the closest receiving facility.
- If resuscitative efforts are terminated, personnel shall confirm and document the patient's cardiac rhythm in 2 separate ECG Leads and provide printed rhythm strips of at least 15 second duration.
- Base Hospital Physician consultation should be obtained if EMS personnel have any patient care or scene safety concerns.
- This policy does not apply to Mass Casualty Incidents.