

Pulseless, apneic, and no neurologic reflexes <i>prior to EMS arrival</i>
AND
ANY form of resuscitation been initiated

YES

<b>Does the patient meet the criteria for presumed death on arrival (DOA)?</b>	X-01
--	------

YES



NO

Does the patient meet **ANY** of the following "Critical Criteria"?

- Cardiac arrest is witnessed by a prehospital provider
- Patient is a **minor** (<18 years old)
- Patient is obviously **pregnant** (can palpate uterus above the umbilicus)
- Hypothermia**/cold water drowning
- Patient displays any shockable rhythm (VF/VT) at any time during the resuscitation
- Any concern for **scene/provider safety**, or if the arrest occurs in a public area
- Is there **ANY** doubt in the medics mind about the events surrounding the arrest

YES

Continue Resuscitation:

Continue treatment per appropriate guideline	TOC
OR	
Contact Medical Control if efforts are felt to be futile	M

NO

Consider Termination of Resuscitation

(see next page)

Procedure:

### Termination Checklist

1. Ensure **ALL** of the following interventions have been completed:

- High quality CPR** is being performed.
- AED or Continuous ECG monitor** has been used throughout the resuscitation.
- Advanced airway** has been placed (ET Tube, King LT, iGel, etc.), and the placement has been confirmed by appropriate means.
- Patient has been adequately **oxygenated and ventilated** with 100% O<sub>2</sub>.
- An **IV/IO line** has been placed, with infusion of appropriate fluids and resuscitative medications.

2. If all the above have been completed, then resuscitative efforts may be abandoned **IF**:

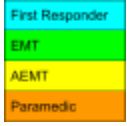
- Appropriate pulseless arrest guideline has been followed, including **three administrations of epinephrine**;
- No shockable rhythm** has been detected (i.e. only asystole/PEA) throughout the resuscitation;
- Patient has **remained pulseless** (i.e. no ROSC at any point) throughout the resuscitation;  
**AND**
- 30 or more minutes** of resuscitation has been performed by an ALS Provider.

**Termination may be considered in other situations when the above conditions are not met ONLY when approved by online Medical Control**

3. To Discontinue (*continue resuscitative efforts until the following steps have been completed*)

- Approach the family (and/or relevant bystanders) and notify them that all resuscitative have failed to restore a pulse and that transport to the hospital is not going to change the patient's overall outcome.
  - Bring the family (*if they desire*) to the patient's side if they are not already present.
  - Actively engage the family, answer their questions as appropriate, and if needed, contact the medical director or online medical control physician to directly converse with the family.
- Once there is agreement (or at least acceptance) by the family/bystanders to discontinue

X-02  
DISCONTINUATION IN  
MEDICAL ARREST



resuscitation efforts, stop chest compressions, ventilations and any other resuscitative measures.

- Once efforts have been discontinued:
  - Explain that the scene will be turned over to the appropriate law enforcement agency.
  - ALL artificial devices should be left in place for the medical examiner.
  - Assume every scene is a crime scene and document all interventions to the patient's body as well as any activities that may have disturbed the scene itself.

### EMS Transport of Patients with Ongoing Cardiopulmonary Resuscitation (CPR)

EMS Personnel shall not transport patients who meet criteria for termination of resuscitation, unless:


- The resuscitation takes place in a public setting,
- The EMS providers' personal safety may be endangered by non-transport of the patient, or
- The family *strenuously* objects.

If any of the above situations occurs, attempt to stabilize the situation by:

- Contacting law enforcement (if not already present on scene).
- De-escalating the situation by talking to family/bystanders and explaining that the patient's best chance of survival is to resuscitate them on scene.
- Move the patient to a nearby private location (e.g. an adjacent room).
- Evacuate the patient to the ambulance and continue the resuscitation while remaining on scene.

**Transport with ongoing CPR should be a last resort, and preferably should only occur after critical interventions have been performed and 15-20 minutes of ALS resuscitation has been attempted.**

**If transport is necessary, and the patient meets criteria for termination of resuscitation, see "CPR During Transport" in the Initial Cardiac Arrest Guideline [C-01].**

X-02 DISCONTINUATION IN MEDICAL ARREST		
--	--	---

### KEY POINTS:

- The purpose of this guideline is to allow for discontinuation of prehospital resuscitation after the delivery of adequate and appropriate ALS therapy.
- Once life support has been initiated, **Non-ALS** personnel **CAN NOT** discontinue resuscitative measures unless directed to do so by a on-scene/online control physician, EMT-Paramedic or if presented with a valid Physician Orders for Scope of Treatment (POST/DNR).
- Upon termination in the field any tubes, needles and lines should be left in place (IV lines to be tied off and cut with catheter left in place), and the body should not be altered in any way.

### SPECIAL SITUATIONS:

#### Palliative/Comfort Care:

- An advanced directive does not imply that a patient refused supportive or palliative care.
- These patients should receive appropriate supportive care as needed for comfort (e.g. meds by any route, any measures to relieve pain and suffering, oxygen or suction of an airway obstruction).

#### Contact Online Medical Control if:

- If there is disagreement at the scene about what care should be provided (between family members, family and EMS providers, or amongst on-scene medical providers).
- The family requests resuscitation measures opposed to those documented on the patient's advance directives, or if no such directives exist.

#### If the EMS provider is unable to contact medical control:

- The EMS provider must use his/her best judgment in deciding what is reasonable and appropriate, including transport, based on the clinical and environmental conditions.

X-02 DISCONTINUATION IN MEDICAL ARREST		<table border="1"><tr><td>First Responder</td></tr><tr><td>EMT</td></tr><tr><td>AEMT</td></tr><tr><td>Paramedic</td></tr></table>	First Responder	EMT	AEMT	Paramedic
First Responder						
EMT						
AEMT						
Paramedic						

### QI Review Parameters (Medical Arrest):

1. Does patient meet DOA Criteria?
2. Was an advanced airway placed and adequate oxygenation and ventilation provided?
3. IV/IO Access achieved and patient provided appropriate fluid resuscitation and medications?
4. Was online medical control contacted, and was this necessary?
5. For "Offline" termination, did the patient meet criteria for field Discontinuation of Resuscitation?