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Are the Mechanism (*as above*) AND Clinical Signs consistent with a **non-survivable injury**?

External injury/bruising, flail chest, unstable pelvis, step off in cervical spine, etc.

NON-SURVIVABLE INJURY

POTENTIALLY SURVIVABLE

Continue Resuscitation:

Continue treatment per Trauma Arrest Guideline	T-02
OR	
Contact Medical Control if efforts are felt to be futile	M

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Consider Withholding Resuscitation (i.e. DOA) or Terminating Efforts (if initiated by first responders PTA) **IF:**

TERMINATION CHECKLIST

On Arrival of initial EMS Personnel (*including on-duty, licensed first responders*) the patient meets ALL of the following:

- Pulseless**
- Apneic** (*despite basic airway positioning, e.g. jaw thrust*)
- Has **no spontaneous movement** or pupillary response.

Note: A lack of organized cardiac activity on ECG (i.e. asystole or PEA with a rate of less than 40) may support decision to withhold resuscitation, but is not required.

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If all criteria are not met, but resuscitation is felt to be futile due to non-survivable injuries OR scene restrictions [i.e. severe entrapment] contact medical control for termination decision.

X-03 DISCONTINUATION IN TRAUMATIC ARREST		
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KEY POINTS:

- Once life support has been initiated, **Non-ALS** personnel **CAN NOT** discontinue resuscitative measures unless directed to do so by an on-scene or 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:

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.

Potential Crime Scene:

- Suspected suicide does not necessarily negate an otherwise valid advanced medical directive.
- EMS providers should attempt to disturb the scene as little as possible (while still providing appropriate patient care), and inform law enforcement of any items that are moved/removed from the scene.

QI Review Parameters (Traumatic Arrest):

1. Pending