

TERMINATION OR WITHHOLDING RESUSCITATIVE EFFORTS

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Purpose: To identify patients in cardiac arrest for whom withholding or ceasing resuscitative efforts in the field is appropriate. For patients with a DNR order or bracelet, see [Do Not Resuscitate \(DNR\)](#) guideline.

Background: When there is no response to prehospital cardiac arrest treatment or there is evidence of injuries incompatible with life, it may be acceptable and often preferable to cease or not initiate resuscitation efforts in the field. In most situations, ALS providers can perform initial resuscitation that is equivalent to in hospital resuscitation attempts and there is usually no additional benefit to emergency department resuscitation. Research has shown that CPR performed during patient packing and transport is less effective than CPR done on the scene. Additionally, EMS providers risk physical injury when attempting to perform CPR in a moving ambulance while unrestrained. Given that ROSC and good neurologic recovery are dependent on focused, timely resuscitation with high quality, uninterrupted CPR, and timely defibrillation, the priority for most patients in cardiac arrest is high performance CPR and resuscitation on scene with appropriate cessation of efforts when indicated.

Termination of Resuscitation Without Online Medical Control May Proceed:

- After 20 minutes of resuscitation, provided all of the following criteria are met:
 - The patient is an **ADULT** with an initial rhythm of asystole
 - Cardiac arrest is unwitnessed by EMS personnel
 - No shock has been administered by either automated or manual defibrillator
 - Pulses are absent without CPR assistance throughout the resuscitation
- After 30 minutes of resuscitation in **ANY** patient whose initial rhythm is not asystole or is unknown, provided all of the following criteria are met:
 - Cardiac arrest is unwitnessed by EMS personnel
 - No shock has been administered by either automated or manual defibrillator
 - Pulses are absent without CPR assistance throughout the resuscitation
- After 15 minutes of resuscitation for a witnessed traumatic arrest, provided all of the following criteria are met:
 - The transport time to an emergency hospital exceeded 15 minutes from the initial assessment or the onset of arrest, necessitating the initiation of resuscitation at the scene
 - Absence of pulses and other signs of life persists
 - The patient develops asystole or a pulseless, wide complex rhythm (PEA) with a rate less than 30 beats per minute
- Considerations for continuing resuscitation after 30 minutes include any of the following:
 - PEA greater than 40 beats per minute
 - Persistent ventricular tachycardia or ventricular fibrillation
 - EtCO₂ greater than 20

CONTACT ONLINE MEDICAL CONTROL For Termination of Resuscitation Guidance If:

- There are any concerns about terminating resuscitation
- After 30 minutes of resuscitation, the criteria for termination of resuscitation outlined above are not met
 - Medical control may provide recommendations such as continuing resuscitation efforts, transporting the patient to the hospital, or considering termination of resuscitative efforts based on the specific circumstances

Following Termination Of Resuscitation

- After termination of resuscitation, do not alter patient condition and do not remove any equipment such as lines or tubes, as the patient is now a potential medical examiner case
- Following termination of resuscitation:
 - Provide emotional support to family
 - Ensure appropriate patient disposition (law enforcement or medical examiner) according to local and county requirements
 - Document the following in the patient care record:
 - Date and time of termination of resuscitative efforts
 - All circumstances surrounding the use of this guideline
 - Disposition of the patient

Withholding Resuscitation

- Resuscitative efforts should be withheld for a patient of any age who is pulseless and apneic if any one or more of the following criteria is present:
 - Decapitation
 - Hemitorporectomy (trans-lumbar amputation)
 - Incineration
 - Decomposition of body tissue
 - Rigor mortis and/or dependent lividity
 - Cold death
 - Body frozen preventing chest from being compressed
 - Ice in the airway
 - Signs of predation
 - Head underwater for more than 60 minutes in an adult or 90 minutes in a child
- **Traumatic cardiac arrest:** resuscitative efforts should be withheld for any patient in traumatic cardiac arrest if, on arrival of first EMS unit, the patient has one or more of the following:
 - Pulseless, apneic, and without other signs of life (pupillary reflexes, spontaneous movement, response to pain)
 - Asystole on ECG
 - If mechanism of injury does not correlate with clinical condition or suspicion for possible non-traumatic cause of arrest, initiate resuscitation according to **Cardiac Arrest** guideline
- If above criteria are not met, or if mechanism of injury suggests possible non-traumatic cause of arrest, initiate resuscitation according to **Cardiac Arrest** guideline

Special Considerations

- EMS personnel may terminate or withhold resuscitative efforts in any of the following situations:
 - There is a risk to the health and safety of EMS personnel
 - Resources are inadequate to treat all patients (**Mass Casualty** situations)

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