

General Policy and Procedure

**Resuscitation and Transport**

The purpose of this protocol is to insure consistency in determining when and when not to attempt resuscitation of pulseless unresponsive patients.

**Procedure:**

- A. Emergency resuscitation including CPR on all unresponsive pulseless persons shall be initiated except when the following situations are found to exist by the licensed health care professional on the scene:
  - 1. Gross dismemberment of the body.
  - 2. Decapitation.
  - 3. Open head/or torso wounds, with gross outpouring of cranial or visceral contents.
  - 4. Lapse of several hours since the time of death as indicated by definite rigormortis and/or livormortis.
  - 5. Completely charred body without any detectable signs of life.
  - 6. At least one hour of submersion documented by the licensed health care professional after arrival on the scene.
  - 7. Do-Not-Resuscitate Patients Protocol 1-13.
  - 8. Blunt or penetrating traumatic arrest found pulseless and apneic (without agonal respirations) without organized electrical activity (must be asystolic or other rhythm with rate less than 40/min). Patients with ventricular fibrillation, ventricular tachycardia or organized rhythms greater than 40/min should have resuscitation initiated. Patients not meeting these criteria should have full resuscitation and prompt transport initiated (see Termination of Resuscitation, 1-11). Special attention should be taken so mechanism of injury is consistent with condition of the patient.
- B. The licensed health care professional may initiate resuscitation efforts at any time.
- C. The public safety representative shall defer to the licensed health care professional for the above final recommendations. When the licensed health care professional arrives on the scene, he/she will make the final determination of potential viability and may consult Medical Control. Agonal respirations will be considered signs of a recent arrest and resuscitation will be initiated unless #7 above applies.
- D. When resuscitation is begun by another individual before the licensed health care professional arrives on the scene, resuscitation activity will be continued by the health care professional unless an above-mentioned condition is found. Once resuscitation is initiated by it may be terminated only at the discretion of Medical Control in conjunction with the ALS unit on scene.
- E. As stipulated by Part 209 of Public Act 368 of 1978 as amended, "*Authority for management of a patient in an emergency is vested in the licensed health care professional at the scene who has the most training specific to the provision of emergency medical care.*"
- F. As stipulated by Part 209 of Public Act 368 of 1978 as amended, "*Authority for the management of the scene of an emergency is vested in the appropriate public safety agencies. The scene of an emergency shall be managed in a manner that will minimize the risk of death or health impairment to an emergency patient and to other individuals who may be exposed to the risks as a result of the emergency.*"
- G. The medical examiner system will be activated if the circumstances of the death are determined in conjunction with police officials to require medical examiner system activation. If the medical examiner system is activated, the patient will be left at the scene until transport is approved by the medical examiner.
- H. When resources immediately available are not adequate to provide total care for all patients, priority shall be given to those patients who appear to be most viable.
- I. While the public safety agency is managing the scene, licensed health care professionals shall be allowed to view the patient and to perform tests and treatment deemed necessary by the highest licensed health care professional on the scene.
- J. If the patient is to be removed from the scene, the route of entry and removal of the patient shall be determined by the public safety representative when the integrity of the scene must be preserved. The route selected shall not delay or obstruct the prompt delivery of emergency medical care.

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