

General Policy and Procedure

Termination of Resuscitation

Medical Cardiac Arrest

- A. Medical cardiac arrest patients undergoing attempted resuscitation will not be transported emergently unless return of spontaneous circulation (ROSC) is achieved or transport is ordered by medical control. These patients will have resuscitation continued at the scene for at least 30 minutes unless advanced procedures (i.e. endotracheal intubations or IV/IO) are unsuccessful in which case prompt transport will be initiated. Temporary return of pulse qualifies as ROSC.

If the ALS crew believes a prolonged resuscitation at the scene will be unduly distressing to the patient's family or bystanders transport may begin prior to the termination of resuscitation. If the resuscitation can not be safely and efficiently performed on scene transport may begin whenever deemed appropriate by the ALS crew.

- B. Medical Control should be contacted as soon as practical during the resuscitation attempt. If the resuscitation has been unsuccessful after at least 30 minutes (ALS Time without ROSC), the resuscitation may be terminated with the permission of medical control unless there is persistent ventricular fibrillation in which case prompt emergency transport will be initiated. Once resuscitation is initiated by ALS or LALS it may be terminated only at the direction of medical control. The ALS crew may elect to continue the resuscitation for longer than 30 minutes or during transport. Medical Control will be informed that the ALS crew has elected to continue the resuscitation. ROSC, i.e. return of a pulse, resets the 30 minute clock. Medical Control should be contacted to determine if transport without ROSC should be initiated.
- C. Once resuscitation is terminated the pre-hospital personnel will provide information to the family which should include medical control procedures for termination of resuscitation. The family should also be informed that the Medical Examiner's office will make the necessary arrangements for transport of the body.
- D. Non-resuscitated patients are to be left at the scene. The police department with jurisdiction (if not already on scene) shall be requested to respond to the scene. It shall be the responsibility of the police department to activate the medical examiner system. The medical examiner personnel will make necessary arrangements for transportation of the body upon completion of the police and medical examiner investigations.
- F. 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.

Blunt or Penetrating Traumatic Arrest

- A. Blunt or penetrating traumatic arrest patients who do not meet criteria for withholding resuscitation should have full resuscitation and prompt transport initiated (see Resuscitation and Transport, 1-10). For patients in which this resuscitation has not resulted in a return of spontaneous circulation after 15 minutes or in whom the patient access and transport time to an ED or Trauma Center is greater than 15 minutes, termination of resuscitation attempts should be considered. Contact medical control for approval when termination is considered.
- B. 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.
- C. 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.