2070 GENERAL GUIDELINES: TERMINATION OF RESUSCITATION AND FIELD PRONOUNCEMENT GUIDELINES

Purpose

To provide guidelines for resuscitation and field pronouncement of patients in cardiac arrest in the prehospital setting.

General Principles

A. Agency policy determines base contact requirements for patients for whom resuscitative efforts are being withheld.

B. Attempt resuscitation for all patients found pulseless and apneic, unless any of the following are present:
   1. Physician orders as specified on the Colorado Medical Orders for Scope of Treatment (MOST) form: “No CPR. Do Not Resuscitate/DNR/Allow Natural Death”, present with the patient
   2. A valid CPR directive present with the patient
   3. Dependent lividity or rigor mortis
   4. Decomposition
   5. Decapitation
   6. Evidence of massive blunt head, chest, or abdominal trauma with obvious mortal wounds (with obvious signs of vital organ destruction such as brain, thoracic contents, etc.).
   7. Third degree burns over more than 90% of the total body surface area

C. The following guidelines for termination of resuscitation do not apply for any of the following cases as prolonged resuscitation may be warranted. Contact base for further directions after 30 minutes of resuscitation:
   1. Hypothermia
   2. Drowning with hypothermia and submersion < 60 minutes.
   3. Pregnant patient with estimated gestational age ≥ 20 weeks

D. In general, a patient’s best chances at survival are from good CPR and rapid defibrillation. Patients without return of spontaneous circulation should not be transported from scene without extenuating circumstances.

E. If ANY patient meets the criteria described above as a non-resuscitation candidate, access to the scene should be limited as much as possible with due care to disturb the scene as little as possible. As in all cases of out-of-hospital deaths, every effort should be made to console family, friends, survivors, and witnesses without interfering with ongoing investigations. Victim Assistance Program (VAP) services should be notified when appropriate.

F. After pronouncement, do not alter condition in any way or remove equipment (lines, tubes, etc.), as the patient is now a potential coroner’s case.

Termination of Resuscitation (TOR)

A. All cases described below require contact with a base physician to approve termination of resuscitation (TOR).
   1. Blunt Trauma Arrest:
      a. Contact Base for TOR if patient found apneic and pulseless and no response to BLS airway care.
      b. Consider needle thoracostomy if ALS available
   2. Penetrating Trauma Arrest:
      a. Resuscitate and transport to a trauma facility if less than 10 minutes to trauma center.
      b. Consider needle thoracostomy if ALS available.
      c. If time of arrest suspected to be > 10 minutes, and no signs of life or response to BLS care (as above), consider base contact for TOR.
   3. Medical Pulseless Arrest:

a. Resuscitate according to Universal Pulseless Arrest Algorithm on scene (unless unsafe) until one of the following end-points met:
   i. Return of spontaneous circulation (ROSC).
   ii. Patent airway with EtCO₂ <10 during high quality CPR
   iii. No ROSC despite 20 minutes of provision of ALS care or BLS care with an AED. If shockable rhythm still present continue resuscitation and contact base for consideration of transport.
   iv. Contact base for TOR at any point if continuous asystole for at least 20 minutes in any patient despite adequate CPR with ventilation and no reversible causes have been identified.

b. For BLS-only providers, contact Base for TOR when all of the following criteria met:
   i. No AED shock advised
   ii. No ROSC
   iii. 20 minutes of quality CPR with patent airway or:
      1. Arrest unwitnessed by either EMS or bystanders
      2. No bystander CPR before EMS arrival

B. Field Pronouncement Orders
   1. EMT shall contact base on recorded line (or per agency specific protocols) and speak directly to physician.
   2. Report shall include the following:
      a. A request for field pronouncement.
      b. Patient age and sex.
      c. Apparent cause of death and approximate downtime.
      d. Reasons CPR should not be initiated (see #1 above).
      e. Any other pertinent information.
   3. Documentation shall include:
      a. Physician name.
      b. Time of death (pronouncement).
      c. Documentations shall also include consideration of the following, if available, in addition to normal written report information:
         i. Body position and location when discovered, including differences from when last seen alive.
         ii. Patient condition when last seen alive.
         iii. Clothing and condition of clothing.
         v. Statements made on the scene by significant individuals.
         vi. Any unusual circumstances.