

Criteria for Death or Withholding Resuscitation

Standard:

Define the parameters in which providers in the ATCEMS System may withhold resuscitative efforts.

Purpose:

CPR and \geq PL4 treatment are to be withheld only if the patient is obviously dead per criteria below or has a valid OOH DNR.

If you are unsure whether the patient meets criteria, then resuscitate.

Application:

Resuscitation efforts should not be initiated or continued by an ATCEMS System Provider if they patient is pulseless and apneic, and one or more of the following is present. Document in the ePCR the specific indications for withholding or stopping resuscitation.

1. Signs of obvious death:
 - a. Rigor mortis and/or dependent lividity
 - b. Decomposition
 - c. Decapitation
 - d. Incineration
2. Obviously mortal wounds resulted from severe trauma with obvious signs of organ destruction.
3. Patient submersion great than 20 minutes from the time the patient was witnessed going underwater or from arrival of first public safety entity until the patient is in a position for effective resuscitative efforts to begin.
4. Fetal death with a fetus < 20 weeks by best age determination available at scene; consider products of conception and does not require time of death. Fetal death < 20 weeks may be documented on mother's ePCR. If \geq 20 weeks then create a separate ePCR.

If the patient meets any of the above criteria and bystander resuscitative care was not continued or initiated by System Credentialed Providers/Responders, then a \geq PL2 may contact communications for a time of death.

If resuscitation efforts have been initiated or continued by a System Credentialed Provider/Responder, then discontinuation is at the discretion of the arriving \geq PL5 provider. In this case, continue resuscitation and OLMC must be contacted for Termination of Resuscitation (TOR).

Should OLMC decline the TOR request, then the patient must be treated and/or transported in accordance with OLMC.

Exception to the above criterion is if a valid out of hospital Do Not Resuscitate (DNR) order is presented or found anytime during ongoing resuscitative attempts, then the Providers/Responders may immediately stop the resuscitation efforts and a time of TOR may be obtained from communications.

References: [Texas Health and Safety Code Sec 773.016](#); [DSHS Rule 157.25 Out-of-Hospital Do Not Resuscitate \(DNR\) Order](#)