

Discontinuation of Prehospital Resuscitation

Standard:

Unsuccessful cardiopulmonary resuscitation (CPR) and other advance life support (\geq PL4) interventions may be discontinued prior to transport when this standard is followed as well as utilization of Discontinuation of Prehospital Resuscitation checklist.

Purpose:

The purpose of this standard is to allow for discontinuation of prehospital resuscitation after the delivery of adequate and appropriate \geq PL4 therapy.

Application:

1. For cardiac arrest with ongoing resuscitation efforts > 30 minutes:
 - a. Inclusion Criteria:
 - i. Adequate CPR has been administered.
 - ii. Airway have been successfully managed with verification of device placement. Acceptable management techniques include endotracheal intubation, BIAD, or cricothyrotomy.
 - iii. IV/IO access has been achieved.
 - iv. Rhythm-appropriate medications and defibrillations have been administered according to clinical guideline.
 - v. Ultrasound use, when available, to determine any cardiac motion.
 - vi. All \geq PL4 credentialed providers on scene agree with decision to cease efforts.
 - vii. If all of the above are met, then the \geq PL5 provider will contact OLMC
 - viii. If you are presented with a valid DNR, then see Exception Criteria below.
 2. The \geq PL5 provider based upon patient presentation, clinical circumstances, and their clinical judgement may contact OLMC for Termination of Resuscitation within < 30 minutes of resuscitation.
 - a. Exclusion criteria:
 - i. Cause of arrest is due to suspected hypothermia
 - ii. Sustained ROSC at any time during the resuscitation
 - iii. Persistently recurring or refractory ventricular fibrillation and/or pulseless tachycardia or any continued neurologic activity - eye opening or motor response.
 - iv. Ultrasound, when available, determines cardiac motion.
 3. When OLMC is involved in the decision to terminate, then resuscitative efforts must continue while:
 - a. The family is counseled on the patient's unchanged condition and impending discontinuation of efforts. If termination of efforts is anticipated, then Victim Services should be requested as early as possible.
 - b. The \geq PL5 is requesting a TOR from OLMC.
 4. Should OLMC decline the TOR request, then they patient must be immediately transported to the closest appropriate hospital and/or continued resuscitation as ordered by OLMC.
 5. Document all patient care and interactions with the patient's family, personal physician, medical examiner, law enforcement, and OLMC in the ePCR.

Exception Criteria:

If a valid out of hospital DNR is presented or found anytime during ongoing resuscitative attempts, the Providers/Responders may immediately stop the resuscitation efforts and a time of TOR may be obtained from communications; see DNR and Advanced Directives for further information.