

FIELD RESUSCITATION

WITHHOLDING OF CPR

1. CPR must be initiated on all cardiac arrest victims, unless a condition exists which warrants the withholding of CPR
 - A. CPR and ALS intervention may be withheld on **Adult** or **Pediatric** victims who present with any of the following:
 - a. Injuries obviously incompatible with life such as decapitation or hemicorporectomy
 - b. Total incineration
 - c. Decomposition
 - d. Dependent lividity
 - e. Rigor mortis without vital signs
 - f. Apnea in conjunction with separation from the body of either the brain, liver, or heart
 - g. Mass casualty incidents where triage principles preclude CPR from being initiated on every victim
 - h. Documentation of Do Not Resuscitate Orders
 - B. CPR may be withheld on adult victims of unwitnessed medical cardiac arrest or witnessed/unwitnessed trauma arrest who present with **all** of the following:
 - ✓ No CPR in progress
 - ✓ No vital signs
 - ✓ Using 2 or more leads on a properly functioning monitor, document electrical asystole on patients who have had CPR or who have a non-capturing pacemaker
 - ✓ EMS personnel will document lack of **Ventricular Fibrillation** by attaching defibrillator and recording "No Shock Indicated"
 - ✓ No evidence of **hypothermia**, drug ingestion or poisoning
2. Notify appropriate law enforcement agency as soon as possible.

3. Complete a prehospital care record, documenting clinical conditions which warranted not initiating CPR and law enforcement agency notification.

DISCONTINUING CPR

1. A Supervising Physician should consider discontinuing CPR in the prehospital setting and pronounce a patient dead at the scene, provided certain conditions are met, including, but not limited to, the following:
 - A. Brady-Asystole unresponsive to resuscitation with complete and appropriate Spokane County ALS protocol:
 - ✓ Ensuring high quality CPR has been performed and trending waveform ETCO₂ has been measured and recorded
 - ✓ **Asystole** will be documented for 30 seconds in 2 leads with documented evidence that the monitor is functioning properly (i.e., artifact due to manual compression or precordial thump)
 - ✓ Blood pressure, pulse, and respiration are absent
 - B. Ventricular Fibrillation which, after ALS resuscitation, is now Asystole or Agonal rhythm.
 - C. No evidence of Hypothermia, drug ingestion, or poisoning as cause of arrest.
 - D. CPR may be discontinued in trauma patients with EMS witnessed cardio pulmonary arrest and 15 minutes of unsuccessful resuscitation and CPR.
 - E. Victims of penetrating trauma found apneic and pulseless should be rapidly assessed for other signs of life such as pupillary reflexes, spontaneous movement, or organized EKG activity. If any of these signs are present, the patient should have resuscitation performed and be transported to the nearest trauma center if transport time is < 15 minutes.
2. Notify Supervising Physician before discontinuing CPR. If unable to contact Supervising Physician because of geographic isolation, the

emergency care provider will contact the physician as soon as possible and document the reason for delay of communication.

3. If, after a brief discussion with the family on the futility of continued resuscitative efforts, supported by consultation with medical control, the family still insists upon continued resuscitation and transport, it should be done.
4. Complete a prehospital record documenting the physician who was consulted and discontinued resuscitation.
5. Obtain an EKG strip with documented evidence of asystole and attach to run report.
6. Notify appropriate law enforcement agency.
7. Notify appropriate support facility for family as needed.
8. Once death has been determined, the body should not be moved unless required by scene safety concerns. If, in the judgment of the EMS provider, scene safety or other concerns require movement of the body, the County Medical Examiner (509-477-2296) or coroner, in the county of occurrence of deaths, should be contacted with the request to move the body prior to doing so.
 - A. If a patient is treated at the scene but has been moved into an ambulance for purposes of optimal resuscitation, scene safety, or environmental factors, but the patient dies before transport, contact the on-call medical examiner to determine whether or not the deceased may be moved from the scene.
 - B. If a patient dies while being transported to the hospital, including instances when it's necessary to pull the ambulance over so as to provide effective and provider-safe resuscitation, continue on to the intended receiving hospital.
 - C. If a newborn baby dies during labor and the mother is to be transported to the hospital, it is desirable to allow the baby to stay with the mother during the transport.

9. When appropriate, remain with family as long as necessary, until other support has arrived. If you are called for another emergency response, emergency care for the living must always assume priority.