

G005.1 LFD GENERAL GUIDELINES: TERMINATION OF RESUSCITATION FOR MEDICAL PULSELESS ARREST

Purpose

- A. To provide guidelines for termination of resuscitation (TOR) for patients in medical pulseless arrest in the prehospital setting. EMS may transport any patient perceived to be viable, or if scene dynamics or public perception necessitates transport.

General Principles

- A. Resuscitate according to Medical Pulseless Arrest Algorithm on scene (unless unsafe) until one of the following endpoints is met:
 - 1. Return of spontaneous circulation (ROSC).
 - 2. No ROSC despite 30 minutes of ALS care or BLS care with an AED. If shockable rhythm still present, continue resuscitation and transport to closest emergency department.
 - 3. Contact base for TOR at any point if the effort is considered futile 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:
 - 1. No AED shock advised
 - 2. No ROSC
 - 3. Arrest unwitnessed by either EMS or bystanders
 - 4. No bystander CPR before EMS arrival
- C. The following patients found pulseless and apneic warrant resuscitation efforts beyond 30 minutes and should be transported:
 - 1. Hypothermic arrest
 - 2. Drowning w/ hypothermia and submersion < 60 min
 - 3. Lightning strike and electrocution
 - 4. Avalanche victim
 - 5. Pregnant patient with estimated gestational age ≥ 20 weeks
- D. Once the patient is pronounced, they become a potential coroner's case. From that point on the patient should not be moved and no clothing or medical devices (lines, tubes etc.) should be removed or altered pending coroner evaluation.