

1. Non-traumatic arrest
 - a. Patient is at least 18 years of age
 - b. Patient is in cardiac arrest at the time of arrival of advanced life support (ALS)
 - i. No pulse
 - ii. No respirations
 - iii. No evidence of meaningful cardiac activity (e.g., asystole or wide complex PEA less than 60 BPM, no heart sounds)
 - c. ALS resuscitation is administered appropriate to the presenting and persistent cardiac rhythm.
 - i. Resuscitation may be terminated in asystole and slow wide complex PEA if there is
 1. No return of spontaneous circulation after 20 minutes in the absence of hypothermia
AND
 2. The EtCO₂ is less than 20 mmHg
 - ii. Narrow complex PEA with a rate above 40 or refractory and recurrent ventricular fibrillation/ventricular tachycardia:
 1. Consider resuscitation for up to 60 minutes from the time of dispatch.
 2. Termination efforts may be ceased before 60 minutes based on factors including, but not limited to, EtCO₂ less than 20 mmHg, age, co-morbidities, distance from, and resources available at the closest hospital. Termination before this timeframe should be done in consultation with online medical direction
 - d. There is no return of spontaneous pulse and no evidence of neurological function (non-reactive pupils, no response to pain, no spontaneous movement)
 - e. No evidence or suspicion of hypothermia
 - f. All EMS clinicians involved in the patient's care agree that discontinuation of the resuscitation is appropriate
 - g. Consider contacting medical direction before termination of resuscitative efforts
2. Traumatic arrest
 - a. Patient is at least 18 years of age
 - b. Resuscitation efforts may be terminated in any blunt trauma patient who, based on thorough primary assessment, is found apneic, pulseless, and asystolic on an EKG or cardiac monitor upon arrival of emergency medical services at the scene
 - c. Victims of penetrating trauma found apneic and pulseless by EMS should be rapidly assessed for the presence of other signs of life, such as pupillary reflexes, spontaneous movement, response to pain, and electrical activity on EKG
 - i. Resuscitation may be terminated by contacting medical direction oversight if these signs of life are absent
 - ii. If resuscitation is not terminated, transport is indicated
 - d. Cardiopulmonary arrest patients in whom mechanism of injury does not correlate with clinical condition, suggesting a non-traumatic cause of arrest, should have standard ALS resuscitation initiated
 - e. All EMS personnel involved in the patient's care agree that discontinuation of the resuscitation is appropriate
 - f. Consider contacting medical direction before termination of resuscitative efforts

Assessment

1. Pulse