

## Termination of Resuscitative Efforts

### Aliases

Call the code

### Patient Care Goals

1. When there is no response to prehospital cardiac arrest treatment, it is acceptable and often preferable to cease futile resuscitation efforts in the field
2. In patients with cardiac arrest, prehospital resuscitation is initiated with the goal of returning spontaneous circulation before permanent neurologic damage occurs. In most situations, ALS clinicians are capable of performing an initial resuscitation that is equivalent to an in-hospital resuscitation attempt, and there is usually no additional benefit to emergency department resuscitation in most cases
3. CPR that is performed during patient packaging and transport is much less effective than CPR done at the scene. Additionally, EMS clinicians risk physical injury while attempting to perform CPR in a moving ambulance while unrestrained. In addition, continuing resuscitation in futile cases places other motorists and pedestrians at risk, increases the time that EMS crews are not available for another call, impedes emergency department care of other patients, and incurs unnecessary hospital charges. Lastly, return of spontaneous circulation is dependent on a focused, timely resuscitation. The patient in arrest should be treated as expeditiously as possible, including quality, uninterrupted CPR and timely defibrillation as indicated
4. When cardiac arrest resuscitation becomes futile, the patient's family should become the focus of the EMS clinicians. Families need to be informed of what is being done and that transporting all cardiac arrest patients to the hospital is not supported by evidence. This practice also inconveniences the family by requiring a trip to the hospital where they must begin grieving in an unfamiliar setting. Most families understand the futility of the situation and are accepting of ceasing resuscitation efforts in the field
5. Consider potential for organ donation if feasible.

### Patient Presentation

Patient in cardiac arrest

### Inclusion Criteria

1. Any cardiac arrest patient that has received resuscitation in the field but has not responded to treatment
2. When resuscitation has begun and it is found that the patient has a DNR order or other actionable medical order (e.g., POLST/MOLST form)

### Exclusion Criteria

Consider continuing resuscitation for patients in cardiac arrest associated with medical conditions that may have a better outcome despite prolonged resuscitation, including hypothermia (although under certain circumstances, medical direction may order termination of resuscitation in these conditions)

### Patient Management

Resuscitation may be terminated under the following circumstances:

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#### **Resuscitation**

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