



DISCONTINUING RESUSCITATIVE EFFORTS

EFFECTIVE DATE: 4/1/26

POLICY REFERENCE NO: 4049

SUPERSEDES: NEW

1. PURPOSE

- 1.1.** To provide guidelines for when resuscitative efforts should be discontinued when patients are in cardiopulmonary arrest.

2. DEFINITION

- 2.1.** Cardiopulmonary arrest is defined as a patient who is unresponsive without respirations and without a palpable pulse.

3. POLICY

- 3.1.** A patient in cardiopulmonary arrest may have resuscitative efforts **discontinued without base hospital contact** under the following circumstances:

3.1.1. Identification of a valid DNR medical order (see Policy 4051 Do Not Resuscitate & Physician Orders for Life-Sustaining Treatment [POLST])

3.1.2. A patient with a suspected **MEDICAL etiology** of cardiopulmonary arrest can be declared dead without base hospital contact, if all criteria are met:

- 1) Patient is at least 18 years of age
- 2) Unwitnessed cardiopulmonary arrest by EMS Personnel
- 3) Persistent asystole or PEA for 20 minutes
- 4) EtCO₂ is persistently less than 20mmHg
- 5) No return of spontaneous circulation after 20 minutes of CPR in the absence of obvious hypothermia
- 6) All EMS personnel involved in the patient's care agree that discontinuation of the resuscitation is appropriate

3.1.2.1. If all criteria are not met, then continue resuscitative efforts (see protocol 2.04 Cardiac arrest) and transport patient, or contact base hospital.

3.1.3. A patient with a suspected **TRAUMATIC etiology** of cardiopulmonary arrest can be declared dead without base hospital contact, if all criteria are:

- 1) Patient is at least 18 years of age
- 2) Asystole or PEA < 40 BPM
- 3) Appropriate lifesaving interventions for suspected traumatic injuries have been performed (e.g. treating airway obstructions, controlling external hemorrhage, and needle thoracostomy as indicated – (see Traumatic Cardiac Arrest 4.02)

- 4) All EMS personnel involved in the patient's care agree that discontinuation of the resuscitation is appropriate.
 - 3.1.3.1.** If all criteria are not met, then continue resuscitative efforts (see Traumatic Cardiac Arrest 4.02) and transport patient. Contact base hospital as needed.
 - 3.1.3.2.** Cardiopulmonary arrest patients in whom mechanism of injury does not correlate with clinical conditions, suggesting a non-traumatic cause of arrest, treat with standard ALS resuscitation (see protocol 2.04 Cardiac arrest).

4. PROCEDURE

- 4.1.** EMS personnel safety is a priority. If there are significant concerns about an unsafe environment, EMS personnel should best ensure their personal safety. In the event of scene safety concerns that cause a deviation from clinical protocol, an exception report should be reported to the EMS Agency.
- 4.2.** Once resuscitative efforts are discontinued, focus attention on the family/friends. Explain the rationale for discontinuation of resuscitation efforts, which may include a valid DNR or POLST order to withhold resuscitation. Consider support for family members such as other family, friends, social services or mental health professionals, faith leaders, or chaplains.
- 4.3.** See Policy Reference **No 4050 Section 3** regarding procedure after death pronouncement.

5. AUTHORITY

- 5.1.** California Health and Safety Code Section 1797.220 and 1798
- 5.2.** California Probate Code Section 4780