



**Purpose:**

- Termination of advanced life support efforts in the pre-hospital setting applies to situations in which patients experience a non-traumatic cardiac arrest.

**Resuscitation Efforts Should NOT Be Terminated in Patients Meeting the Following Criteria:**

- The patient who demonstrates any neurological signs {i.e. spontaneous eye opening or spontaneous movement}.
- The patient who has suffered cardiac arrest while in the care of MCHD-EMS personnel.
- The patient who does not have a secure endotracheal tube (includes supraglottic airway devices) in place and a patent IV/IO.
- Patients who are pregnant.
- The patient whose ECG rhythm is persistent ventricular fibrillation, or pulseless ventricular tachycardia
- Pediatric patients

**Resuscitation Efforts May be Terminated in Patients Meeting the Following Criteria:**

- EMS should address any potentially reversible causes of cardiac arrest {i.e. overdose, toxic exposure, hypo/hyperthermia, submersion, electrocution, burns, trauma, airway obstruction}
- The patient should have been intubated (includes supraglottic airway devices) successfully and have had vascular access and standard advanced life support measures applied throughout the resuscitation.
- Resuscitative efforts should continue at least 20 minutes after ALS interventions have begun regardless of previous CPR time and arrest interval.

**Procedure:**

- If the patient remains unresponsive to advanced life support measures and meets the criteria above, the termination of resuscitation procedure may begin. The on-scene Supervisor must contact the Medical Director on-call through ALARM at 936.441.6243 for termination approval prior to resuscitation efforts being discontinued. (Note: all consults MUST be recorded though ALARM)
  - If CPR was initiated prior to EMS arrival by bystanders or First Response agencies and the patient meets criteria for apparently non-viable cardiac arrest (see CG-31), consult is NOT required.
- The Supervisor or In-Charge paramedic shall contact ALARM for the notification of CPR being terminated and to call law enforcement if not already on scene.
- At all times MCHD-EMS personnel shall be attentive to the psychological needs of the “survivors” and provide support as needed. If outstanding circumstances exist, patient should be transported. Field termination is an option not a directive.
- The In-Charge Paramedic should contact LifeGift with patient information.

**Reference:**

Please refer to Clinical Guideline 29 for additional information about Out of Hospital DNR and death on scene.