

South Metro Fire Department
Clinical Policies and Procedures

Title: Withholding and/or Discontinuation of Resuscitation
Effective Date: December 15, 2015
Authorized By: Keith Wesley, MD Medical Director
Standard: Patient Care and Transport
Policy: Resuscitation efforts of patients may be discontinued or withheld when it is reasonable to believe that such efforts are futile or dictated by Medical Control.

I. Purpose

To provide criteria for determining when resuscitation attempts for an arrested or clinically dead patient should be withheld or discontinued based on clinical presentation, futility, ethical considerations, or legal responsibilities.

II. Definitions

- A. Futile: Condition exists from which resuscitation may be possible but would be of no benefit to the patient.
- B. Clinically Dead: The cessation of heartbeat and respirations.
- C. Arrested: Loss of circulatory perfusion due to the presence of a dysrhythmia or condition that prevents sufficient cardiac output to maintain life.

III. Procedure

- A. The following are conditions for which it is appropriate to withhold or discontinue resuscitation.
 - 1. Resuscitation should not be initiated in arrested patients if they present with any of the following:
 - a. Putrefaction or decomposition.
 - b. Rigor mortis or marked dependent lividity.
 - c. Decapitation or partitioning of body parts incompatible with life.
 - d. For adult patients, when submersion asphyxia is known to have exceeded one hour duration. Situations exceeding one hour should be considered body recovery rather than as a rescue and resuscitation attempt.
 - 2. The patient's personal physician is available in person, and personally directs the rescuers to withhold or terminate resuscitation, based on his or her knowledge of the patient's medical condition.
- B. In all other cases and in the absence of a valid DNR order BLS providers should start CPR but may postpone placing the AED, King LT, or IO until ALS arrives. After arrival of ALS and with their agreement and in the presence of the following conditions it is reasonable to withhold additional resuscitation and/or terminate resuscitation.

1. The patient has an unwitnessed cardiac arrest, no layperson CPR, and presenting rhythm is asystole.
 2. Patients presenting with initial asystole/PEA arrest who have received advanced airway management and 30 minutes of ACLS therapy.
 3. Patients presenting with initial v-tach or v-fib arrest who have received advanced airway management and 45 minutes of ACLS therapy.
 4. Patients with severe blunt trauma and no clinical signs of life (GCS of 3, no respiratory effort, no pulse, and no pupillary light response) and no improvement after two minutes of ventilator support.
 5. Patient care providers cannot physically continue or when the health and safety of the patient care providers is in jeopardy.
 6. Other conditions as determined by on-line Medical Control.
- C. On arrival at a scene where CPR is already in progress for a patient where resuscitation appears to be contraindicated for any reason, continue basic life support and:
1. Obtain history from the family or bystanders.
 2. When present, the patient's family should be considered when a decision to discontinue is being made. It may be desirable to arrange a discussion between the family and Medical Control.
 3. If resuscitative efforts are stopped, release the patient's body to law enforcement. Leave all disposable pads, patches, lines, and tubes in place.
 4. When present, provide death notification to the patient's family or significant others in a manner that is compassionate, respectful, and appropriate for the circumstances.
 5. Document fully in the Patient Care Record the events leading to the decision to withhold or terminate resuscitation including the name of the medical control physician who provided authorization.

IV. **SPECIAL NOTES**

- A. Resuscitation attempts may be withheld (or discontinued if started) without direct communication with medical control in any of the conditions listed above in III. A. 1. or III. A. 2.; or verification that the patient has a valid DNR/DNI or POLST order.
- B. Resuscitation efforts may need to be continued for longer periods of time in cases of cold water drowning, hypothermia, or lightning injuries.
- C. Resuscitation efforts should generally be continued and the patient transported for the following conditions:
 1. Infant and Pediatric Arrests for which resuscitation is indicated. Obvious deaths to not require transport.
 2. Persistent v-tach or v-fib arrest (unresponsive to 3 cycles of CPR and defibrillation).
 3. Hypothermic arrests where continued resuscitation efforts are indicated.
 4. Circumstances where remaining at the scene is unsafe for the patient or crew.