

PURPOSE

Cardio-respiratory arrest has a low survival rate in the best of circumstances. This policy provides guidance for termination of or withholding resuscitation.

GUIDELINES

1. Most pulseless nonbreathing patients should have full resuscitative efforts, consisting of CPR, defibrillation when applicable, Advanced Life Support, and transport to the hospital.
2. Emergency Medical Technicians will not withhold or terminate resuscitation without a direct order from a Medical Control physician, the patient's private physician, or other recognized physician. The ordering physician must assume responsibility for this order.
3. Situations when withholding or discontinuing resuscitation should be considered are listed below:
 - A. The patient's personal physician is available in person or by telephone, and personally directs the rescuers to withhold or terminate resuscitation, based on his or her knowledge of the patient's medical condition.
 - B. The patient has an unwitnessed cardiac arrest with suspected downtime >15 minutes, and the presenting rhythm is asystole, regardless of presence of CPR or air management.
 - C. Patients who after an airway has been established and have received a full round of ACLS therapy remain in asystole regardless of the presenting rhythm.
 - D. The patient has cardiac arrest due to severe blunt trauma and has no clinical signs of life.
 - E. Other conditions as determined by a Medical Control physician.
 - F. Circumstances during which performance of CPR is not physically possible or could result in injury to rescuers.
4. Resuscitation attempts may be withheld (or discontinued if started) without direct communication with a physician in any of the following situations:
 - A. A patient with obvious signs of death such as rigor mortis, dependent lividity, decomposition, decapitation, or a transected torso.
 - B. Provision of written documentation, by either the family, guardian, or attendant staff, that the patient, or his or her appropriate legal representative, has indicated that the patient does not wish to be resuscitated in the event of cardiopulmonary arrest. Such documentation may include:
 - 1) A signed order from a physician.
 - 2) A properly executed "Living Will".
 - 3) A properly executed "Durable Power of Attorney for Health Care". In this case, only the individual named as holding Power of Attorney may request discontinuation of resuscitation.
 - 4) Any other form or device for conveying the patient's advance directive that has been recognized by the State of Wisconsin and that has been properly executed.

PROCEDURE

1. Upon arrival at the scene of a patient in cardiac arrest, the crew should begin CPR. (This is not necessary in cases of obvious death such as decomposition, decapitation, or transected

torso.)

2. Obtain history from the family or bystanders.
3. Perform physical assessment of the patient including the documentation of asystole. This step may be omitted in cases of obvious death as listed in step 1.
4. The EMT in charge of the case should contact Medical Control, describing the facts of the case and the cardiac rhythm. After evaluating the patient's history and assessment information, the physician may decide to order the resuscitation stopped.
5. If resuscitative efforts are stopped, request the Communications Center to notify law enforcement and/or the Coroner. At least one crew member should remain at the scene until relieved by a law enforcement officer or the Coroner.
6. Leave all supplies used, electrodes, and airway devices on patient unless instructed by coroner to do otherwise.
7. Provide support to family members as needed until law enforcement or others can assume this role.
8. Document fully in the Patient Care Record the events leading to the decision to withhold or terminate resuscitation.