Dead on Scene & Termination of Resuscitation

Purpose: For patients in cardiac arrest, when and when not to initiate CPR, and when to terminate efforts.

A. Dead on Scene Criteria - CPR should NOT be initiated in the following cardiac arrest patients**:**
   1. Decomposition
   2. Rigor mortis (Caution: do not confuse with stiffness due to cold environment)
   3. Dependent lividity
   4. Decapitation
   5. Traumatic cardiac arrest while entrapped (witnessed or unwitnessed)
   6. Incinerated or frozen body
   7. Submersion greater than 90 minutes in cold water (water temperature less than 70° F/21° C) as documented by the licensed health care professional after arrival on scene.
   8. Submersion greater than 30 minutes in warm water (water temperature greater than 70° F/21° C) as documented by the licensed health care professional after arrival on scene.
   9. Gross dismemberment or obvious mortal wounds/conditions (injuries inconsistent with life – i.e., crushing injuries of the head and/or chest)
   10. Unwitnessed arrest of traumatic origin, without organized electrical activity (must be asystole or pulseless rhythm with rate less than 40/min).
       i. Exception to this is electrocution (including lightning strike) or acute hypothermia.
   11. Patient has a valid “Do Not Resuscitate” identification bracelet or order refer to **7.7 DNR-Procedure Protocol**
   12. Patient has MI-POST with Do Not Resuscitate selected in section A refer to **7.25 MI POST-Procedure Protocol**
   13. In cases of mass casualty incidents, where the number of patients exceeds the providers and resources to care for them, any patient who is pulseless and apneic may be triaged as deceased.

B. Exceptions to Dead on Scene Criteria in which CPR should be initiated:
   1. In EMS professional judgement potential viability despite meeting Dead on Scene criteria.
   2. Pregnant patient arrest witnessed by either bystanders or EMS personnel
      i. Resuscitation and immediate transport to the closest receiving facility
      ii. Contact Medical Control as early as possible

C. For all other patients:
   1. Follow the **5.1 Adult or 6.1 Pediatric Cardiac Arrest-Treatment Protocol**.
   2. Medical cardiac arrest patients undergoing attempted resuscitation will not be transported unless return of spontaneous circulation (ROSC) is achieved.

i. If the resuscitation cannot be safely performed on scene patient should be loaded into transporting unit and vehicle should be moved to closest appropriate area to continue resuscitation efforts

ii. Contact Medical Control for special circumstances requiring early transport and document accordingly.

3. Patients will have resuscitation continued at the scene for at least 30 minutes.
   i. If ROSC is not achieved after 30 minutes of ALS time, contact medical control for; 1. continued resuscitation on scene, 2. to initiate transport, or 3. possible termination of resuscitation (See section D Termination of Resuscitation).
      a. ALS time is defined as the time when ALS care began, and ALS procedures were performed.
      b. The hospital communication shall clearly state:
         i. The age and gender of the patient.
         ii. Assessment findings for the patient.
            1. Current end tidal CO2.
            2. End tidal CO2 trend though the resuscitation.
            3. Medical history.
            4. Initial rhythm.
            5. Current rhythm with any changes (shape, rate, etc) from the initial rhythm.
            6. For PEA describe the rhythm.
               a. Note: PEA is a clinical condition not a rhythm.
         iii. Treatment including total ALS time.
         iv. Estimated time from the receiving facility with patient loading time.
         v. Any other information considered pertinent.

   ii. Contact Medical Control for special circumstances and document accordingly.

4. If ROSC is achieved see **5.6 Adult or 6.4 Pediatric Return of Spontaneous Circulation-Treatment Protocol**

D. <u>Termination of Resuscitation if ROSC is NOT Achieved</u>

1. ALS Termination of Resuscitation, after 30 minutes of ALS time contact Medical Control for:
   i. Consideration of termination of resuscitation for Asystole in all 3 leads
   ii. Consider termination of resuscitation for PEA if:
      a. Patient is NOT in a narrow complex PEA with a rate greater than 40 and
      b. An end tidal CO2 less than 10mmHG
3. The medical examiner system will be activated consistent with **8.22 Medical Examiner Notification and Body Disposition Protocol**

4. Prehospital personnel will provide information to the family which should include medical control procedures for termination of resuscitation when applicable.
5. The following must be documented
    a. Time of death as pronounced by physician
    b. Name of hospital and physician providing time of death
    c. Notification of law enforcement
    d. Gift of life status