



DISCONTINUING RESUSCITATIVE EFFORTS

EMSAC JUNE 2026

EFFECTIVE DATE: xx/xx/xx

POLICY REFERENCE NO: 4049

SUPERSEDES: 4/1/26

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~~ If after 20 minutes of CPR (in the absence of obvious hypothermia), there has been **no** episodes of ROSC **and no** indication for defibrillation (e.g. persistent asystole/PEA)
- 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

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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