



DISCONTINUING RESUSCITATIVE EFFORTS EMSAC JULY 2025

EFFECTIVE DATE: XX/XX/XX

POLICY REFERENCE NO: 4049

SUPERSEDES: 10/29/18

1. PURPOSE

- 1.1. To provide guidelines for when resuscitative efforts should be discontinued when patients are in cardiopulmonary arrest in the out-of-hospital setting.

2. DEFINITION

- 2.1. Cardiopulmonary arrest is defined as a patient who is unresponsive without respirations and without a palpable carotid pulse.

3. POLICY

- 3.1. A patient in cardiopulmonary arrest may have resuscitative efforts **discontinued**:

- 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:

- 1) Patient is at least 18 years of age
 - 2) Non-shockable rhythm ~~no indication for defibrillation~~ (e.g. cardiac rhythm is persistent asystole or PEA throughout duration of 15 minutes of resuscitation attempt)
 - 3) EtCO₂ is persistently less than 20mmHg
 - 4) No return of spontaneous circulation after 15 minutes of resuscitation attempts in the absence of obvious hypothermia
 - 5) 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 met, the patient can be declared dead without base hospital contact.~~ If all criteria are **not** met, then continue resuscitative efforts 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) Initial cardiac rhythm and activity is non-perfusing (e.g., asystole or ~~wide complex~~ PEA less than 40 BPM, no heart sounds)

- 3) Consider appropriate lifesaving interventions for suspected injury (e.g. treating airway obstructions, controlling external hemorrhage, and inserting chest needle decompression as indicated -refer to Traumatic Cardiac Arrest 4.02)
- 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 met, the patient can be declared dead without base hospital contact.~~ If all criteria are not met, then continue resuscitative efforts and transport patient or **contact base hospital.**
- 3.1.3.2. Cardiopulmonary arrest patients in whom mechanism of injury does not correlate with clinical condition, suggesting a non-traumatic cause of arrest, should have standard ALS resuscitation initiated.
- 3.1.3.3. ~~In the event of a Mass Casualty Incident, triage principles apply.~~

4. PROCEDURE

- 4.1. EMS personnel safety is a priority. If there are significant concerns about a hostile or dangerous environment, EMS personnel should discontinue or continue resuscitation efforts as to best ensure their personal safety. In the event of scene safety concerns, an unusual occurrence or sentinel event 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