



Standards Policy: Disposition Policy Section

Discontinuation of Prehospital Resuscitation

Policy:

Unsuccessful cardiopulmonary resuscitation (CPR), basic life support (BLS), and other advanced life support (ALS) interventions may be discontinued prior to transport or arrival at the hospital when this policy is followed.

Purpose:

The purpose of this policy is to:

- Allow for discontinuation of prehospital resuscitation after the delivery of adequate and appropriate BLS and/or ALS therapy.

Procedure:

1. Discontinuation of CPR, BLS, and ALS intervention may be implemented **prior to contact with Medical Control** if **ALL** of the following criteria have been met:

- Patient must be ≥ 18 years of age
- High quality CPR administered
- Airway successfully managed:
 - Acceptable airway management techniques include orotracheal intubation, Blind Insertion Airway Device (BIAD) placement, or cricothyrotomy
 - EtCO₂ monitoring for airway confirmation utilized if available
- IV or IO access has been achieved
- No hypothermia (body temperature $\geq 93.2^{\circ}\text{F}$ or 32°C)
- Protocol AC 12 On Scene Resuscitation Termination of CPR or TB 10 Traumatic Arrest utilized as applicable
- All EMS BLS and ALS personnel involved in the patient's care agree that discontinuation of the resuscitation is appropriate

2. If all of the above criteria are not met and discontinuation of prehospital resuscitation is desired, **contact Medical Control**.

3. The **Deceased Subjects Policy** should be followed.

Document all patient care and interactions with the patient's family, personal physician, medical examiner, law enforcement, and medical control in the EMS patient care report (PCR).