

Arizona Emergency Medical Systems, Inc.

RED BOOK CHAPTER 10

Field Termination

Field Termination of Resuscitation Guidelines

DISCLAIMER

This Manual sets forth procedures and protocols deemed by AEMS to be within the acceptable standard of medical care. It is specifically recognized that there are acceptable variations from these procedures and protocols, which may also satisfy the standard of care. Therefore, variations from these procedures and protocols are not necessarily deemed to be outside the standard of care. This manual does NOT define, limit, expand or otherwise purport to establish the legal standard of care.

Field Termination of Resuscitation Guidelines

Revised and Approved by AEMS Board of Governors – July 19, 2006

Purpose: The purpose of this document is to provide a guideline for on-line medical control physicians to aid in the process of termination of resuscitation in the pre-hospital setting. In order to stop or withhold resuscitation efforts, an order from an on-line medical control physician is required. This document is not meant to establish a standard of care or mandate a specific action in individual cases of cardiac arrest.

Medical Indications:

1. Cardiac arrest is not associated with a condition that would easily respond to in-hospital treatment.
2. Airway has been managed appropriately.
3. ACLS measures have been followed during the resuscitation effort, including 3 doses of appropriate medications.
4. The patient is in asystole or an agonal rhythm at the time the order is given to stop resuscitation.

Documentation of this event should be complete and include rhythm strips. Family or medical power of attorney requests for continued resuscitation efforts should be honored.

Trauma Indications:

1. Blunt trauma patient who is found to be apneic, pulseless, and in asystole.
2. Penetrating trauma patient who is found to be apneic, pulseless and in asystole and without other signs of life such as pupillary reflexes or spontaneous movement.
3. Resuscitation efforts may be withheld if a trauma patient meets the criteria in the above #1 & #2. On-line medical direction should be established as soon as possible to confirm the decision to withhold resuscitation efforts.

In multiple patient situations, there may be inadequate resources to devote care to the resuscitation of pulseless patients. In such cases, the highest trained provider on the scene should confirm that the patient is pulseless and direct care to more viable patients. In addition, if the patient is pulseless and extrication is necessary before CPR can be provided, the patient should be triaged as deceased.

Obvious Death Criteria:

1. Decapitation/Decomposition
2. Dependent Lividity/Rigor Mortis

If the patient meets any of the criteria above, no resuscitative efforts are required. On-line medical direction is NOT required.

Other Considerations: It is recommended that termination of resuscitation be done on scene. If it is done during transport, the body may not be accepted at any hospital.

Contact the police dept. or sheriff's office for disposition of the body. Consider on-scene grief support for family members. A "Prehospital Medical Care Directive" (orange DNR form) can be accepted as a "Do Not Resuscitate" order if it is complete.