



## Discontinuation of Prehospital Resuscitation

### Policy:

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

### Purpose:

The purpose of this policy is to:

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

### Procedure:

1. Discontinuation of CPR 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 or older
  - Adequate CPR has been administered
  - Airway has been successfully managed with verification of device placement. Acceptable management techniques include orotracheal intubation, nasotracheal intubation, Blind Insertion Airway Device (BIAD) placement, or cricothyrotomy
  - IV or IO access has been achieved
  - No evidence or suspicion of any of the following:
    - Drug/toxin overdose
    - Active internal bleeding
    - Hypothermia
    - Preceding trauma
  - Rhythm appropriate medications and defibrillation have been administered according to local EMS Protocols for a total of 3 cycles of drug therapy without return of spontaneous circulation (palpable pulse)
  - All EMS paramedic 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).