

Nontraumatic Termination of Resuscitation

EMS may transport any patient perceived to be viable or if scene dynamics or public perception necessitates transport. Provider safety takes precedence over length of on-scene resuscitation.¹

ALL of the following **MUST** be met to consider Termination of Resuscitation

18 years of age or older

Pulseless and apneic prior to EMS arrival

> 30 min of chest compressions with interruptions only for rhythm checks

> 30 min resuscitation by an ALS provider following appropriate pulseless cardiac protocol²

No suspicion of hypothermia

Persistent asystole, agonal rhythm, or PEA < 40bpm without an identifiable reversible cause

No ROSC at any time during resuscitation

ETT or supraglottic airway in place with proper documentation of capnography (qualitative or quantitative)

Patent IV / IO line

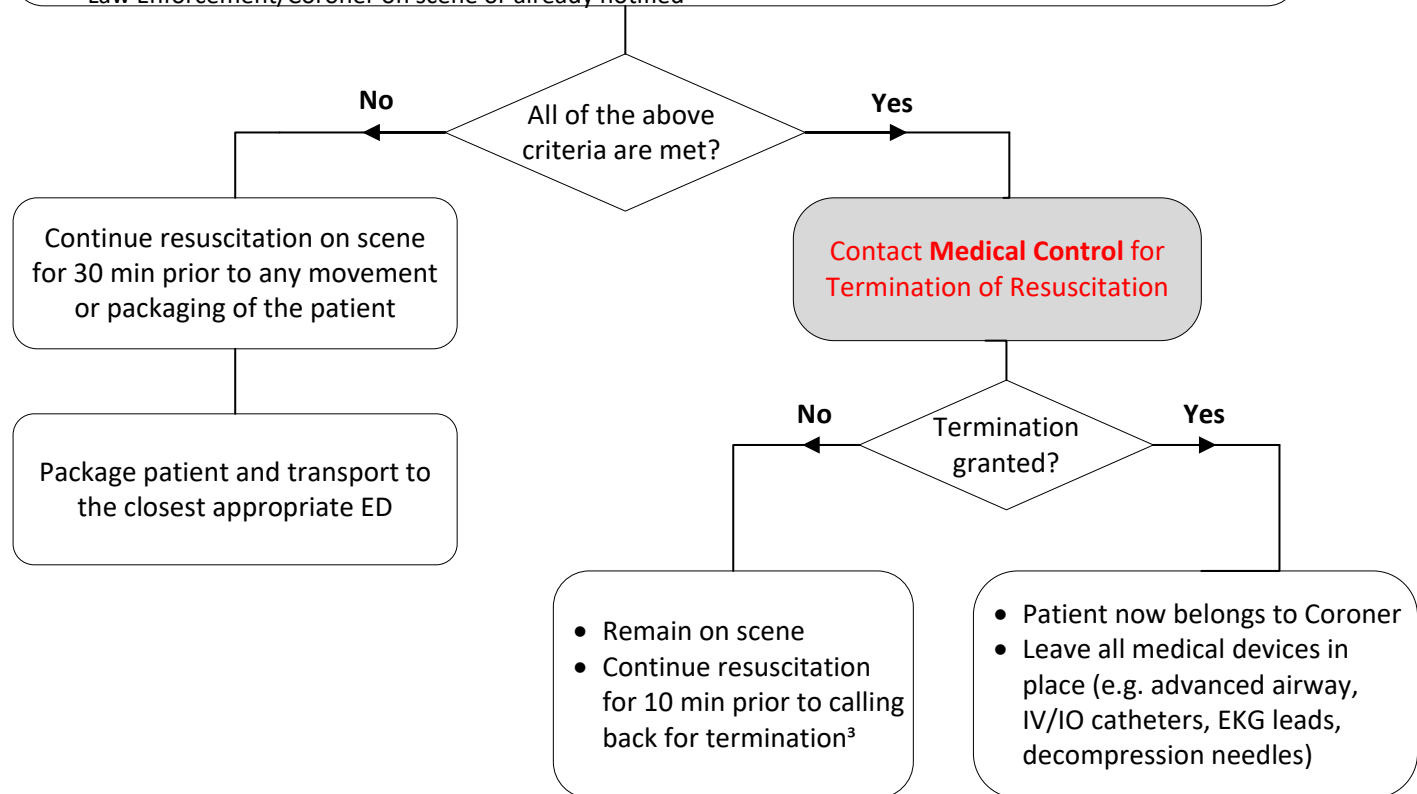
Verification of proper BLS and ALS treatments by an on-duty paramedic and/or online medical director

All EMS personnel involved in the patient's care agree that discontinuation of resuscitation is appropriate

Patient's immediate family members on scene have been informed of the rationale for termination

A safe environment for EMS/first responders

Law Enforcement/Coroner on scene or already notified



This protocol may only be executed by NRP's and AEMT's – it is not applicable to EMR's, EMT's

¹ If a scene has become too dangerous to provide patient care, law enforcement must be dispatched and providers must document the event in the patient care report.

² The following conditions may have a better outcome despite resuscitation efforts beyond 30 minutes & should be transported: hypothermia, lightning strike/electrocution, pregnancy with estimated gestational age > 20 weeks.

³ If Medical Control does not grant "Termination" after two requests, transport to the closest appropriate ED.