APPENDIX C: CESSATION OF RESUSCITATION

PURPOSE: 1) TO CLARIFY FOR EMS SERVICES AND THEIR EMTS WHEN RESUSCITATIVE MEASURES MAY BE WITHHELD FOR PATIENTS IN CARDIAC ARREST AND **2**) TO DEFINE WHEN EMTS CAN CEASE RESUSCITATIVE MEASURES ALREADY INITIATED.

Background and EMS Services' Training/Support Services Obligations:

Emergency Medical Technicians must begin or continue resuscitative measures for all patients in cardiac arrest except as indicated in this Protocol (also issued as Administrative Requirement (A/R) 5-515). If in doubt, begin resuscitative efforts.

All EMS services must provide appropriate training on management of death in the field, including legal, procedural, and psychological aspects; and access to support services.

EMS services and EMS personnel should be aware that the nursing staff of a health care facility, such as a skilled nursing facility, may need a physician order (including a medical control physician's order, if allowed by nursing home policy) to halt resuscitation attempts, even in the case of patients meeting EMS "obvious death" criteria, as set out below. Nursing staff and EMS personnel should come to a cooperative decision on continuation or termination of resuscitation; this process may include obtaining physician input and orders. If the medical professionals at the bedside are unable to reach agreement on attempting or terminating efforts, the presumption should be to continue resuscitative efforts and transport the patient to an emergency department.

I. EXCEPTIONS TO INITIATION OF RESUSCITATION

Other than in overriding circumstances such as a large mass-casualty incident or a hazardous scene, the following are the **only** exceptions to initiating and maintaining resuscitative measures in the field:

1. Current, valid DNR, verified per the Comfort Care Protocol.
2. Trauma inconsistent with survival
    a. Decapitation: severing of the vital structures of the head from the remainder of the patient's body
    b. Transection of the torso: body is completely cut across below the shoulders and above the hips
    c. Evident complete destruction of brain or heart
    d. Incineration of the body

e. Cardiac arrest (i.e. pulselessness) documented at first EMS evaluation when such condition is the result of significant blunt or penetrating trauma and the arrest is obviously and unequivocally due to such trauma, EXCEPT in the specific case of arrest due to penetrating chest trauma and short transport time to definitive care (in which circumstance, resuscitate and transport)

3. Body condition clearly indicating biological death.
   a. Complete decomposition or putrefaction: the skin surface (**not** only in isolated areas) is bloated or ruptured, with sloughing of soft tissue, and the odor of decaying flesh.
   b. Dependent lividity and/or rigor: when the patient's body is appropriately examined, there is a clear demarcation of pooled blood within the body, and/or major joints (jaw, shoulders, elbows, hips, or knees) are immovable.
   Procedure for lividity and/or rigor: All of the criteria below must be established and documented in addition to lividity and/or rigor in order to withhold resuscitation:
      i. Respirations are absent for at least 30 seconds; **and**
      ii. Carotid pulse is absent for at least 30 seconds; **and**
      iii. Lung sounds auscultated by stethoscope bilaterally are absent for at least 30 seconds; **and**
      iv. Both pupils, if assessable, are non-reactive to light.

II. Cessation of Resuscitation by EMTs

Emergency Medical Technicians must continue resuscitative measures for all patients in cardiac arrest unless contraindicated by one of the exceptions below.

1. EMTs, certified at the Basic, Intermediate and Paramedic levels, may cease resuscitative efforts at any time when any "Exception to Initiation of Resuscitation" as defined in I., above, is determined to be present.

2. EMTs certified at the **Paramedic level only** may cease resuscitative efforts in an adult patient 18 years of age or older, regardless of who initiated the resuscitative efforts, without finding "obvious death" criteria **only** by the following procedure, and **only** if the EMS system's Affiliate Hospital Medical Director has approved of use of this procedure, as follows:
   a. There is no evidence of or suspicion of hypothermia; **AND**
   b. Indicated standard Advanced Life Support measures have been successfully undertaken (including for example effective airway support, intravenous access, medications, transcutaneous pacing, and rhythm monitoring); **AND**

c. The patient is in asystole or pulseless electrical activity (PEA), and REMAINS SO persistently, unresponsive to resuscitative efforts, for at least twenty (20) minutes while resuscitative efforts continue; **AND**
d. No reversible cause of arrest is evident; **AND**
e. The patient is not visibly pregnant; **AND**
f. An on-line medical control physician gives an order to terminate resuscitative efforts.

III. Special Considerations and Procedures:

1. a) If during transport, EMTs cease resuscitation of a patient in accordance with the requirements above, they shall continue to the closest appropriate hospital for pronouncement of death. This is always a special circumstance that is in the interest of public health and safety, and thus meets the requirements of 105 CMR 170.365.
b) During transports when resuscitative efforts have appropriately been ceased in accordance with the requirements above, EMTs must cover the person with a sheet, transport without the use of emergency vehicle audible and visual warning devices and notify the receiving hospital in advance.

2. In all cases where a decedent is left in the field, procedures must include notification of appropriate medical or medico-legal authorities.

3. EMS trip record documentation must reflect the criteria used to determine obvious death or allow cessation of resuscitative efforts.