

TERMINATION OF RESUSCITATION EFFORTS-MEDICAL

1. Purpose: This protocol may, under medical consultation, be used after unsuccessful, non-traumatic field resuscitation.
2. Indications (all must be present)
 - 2.1. Medical
 - 2.1.1. Patient must be 18 years of age or older
 - 2.1.2. Patient must have had resuscitation attempts based on the full algorithm for the appropriate rhythm.
 - 2.1.3. Patient must be in asystole or PEA with rate < 40 after completing the full ACLS algorithm and the resuscitation attempt has been ongoing for 30 minutes (20 minutes if an ET or Supraglottic Airway is in place AND the ETCO₂ is < 10 mmHG).
 - 2.1.4. Patient must have no return of spontaneous circulation for more than 2 minutes during resuscitation.
3. Contraindications:
 - 3.1. Patients who are exhibiting any neurological activity, such as spontaneous respiration, eye opening, or motor response.
 - 3.2. Patients under 18 years old
 - 3.3. Patients with suspected hypothermia
 - 3.4. Patients greater than 20 weeks gestation.
4. Procedure:
 - 4.1. Follow appropriate ALS cardiac protocols and contact medical control.
 - 4.2. Request that the medical control physician authorize termination of resuscitation.
 - 4.3. If approved, discontinue resuscitation.
 - 4.3.1. ETT/Supraglottic Airway, IV/IO, and/or chest decompression needles should remain in place
 - 4.4. Inform the family.
 - 4.5. Contact the Communication Center to request law enforcement presence if not already on scene
 - 4.5.1. With the assistance of law enforcement, ensure that the coroner's office has been contacted and provided with information about the decedent, termination of efforts and nature of death.
5. Documentation: as usual
6. Additional Information:
 - 6.1. Exercise caution before employing the Termination of Efforts policy in public venues or at any time the medics feel their safety is compromised.
 - 6.2. Once transport has been initiated toward a landing zone or hospital, resuscitative efforts should be continued throughout transport.
 - 6.3. For patients who have recurrent viable rhythms, such as ventricular fibrillation, ventricular tachycardia, and pulseless electrical activity, consider any benefits that exist with transporting the patient to the emergency department for further resuscitation efforts after the minimum 30-minute resuscitation attempt on scene, even if asystole is noted after completion of the ACLS algorithm.
 - 6.4. For patients who have recurrent brief episodes of return of spontaneous circulation, but continue to re-arrest, consider any benefits that exist with transporting the patient to the emergency department for further resuscitation efforts after the minimum 30-minute resuscitation attempt on scene.

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- 6.5. By completing the full algorithm, every effort has been made to resuscitate the patient and despite our efforts, resuscitation attempts have proven futile. Etiology of the cardiac arrest should be considered and addressed prior to contacting medical control.
- 6.6. AEMT Units utilizing the **CARDIAC ARREST - AED Protocol** should not contact medical control for termination of efforts orders because they are unable to meet all the indications of the **TERMINATION OF RESUSCITATION EFFORTS - MEDICAL Policy**.