

Termination of Resuscitation

EMR

EMT

- Resuscitative efforts for patients in cardiac arrest should not be initiated if:
 - The patient presents with significant dependent lividity, rigor mortis, decomposition, decapitation, incineration and/or obvious traumatic death
 - The patient, family or health care facility can present a signed POLST form or a signed DNR form from another state.
- For all other patients in respiratory or cardiac arrest, in whom appropriateness of resuscitation is questionable, the EMS provider **MUST** start BLS care, including defibrillation, and contact Medical Control for direction.



EMR / EMT STOP

EMT IV

- Vascular access, IV/IO



EMT IV STOP

EMT SG

- Secure airway with supraglottic airway



EMT SG STOP

ADVANCED EMT

- *Administer Epinephrine 1:10000, 1 MG every 3-5 minutes if patient remains in cardiac arrest.



ADVANCED EMT STOP

Key Points/Considerations

- Resuscitative efforts must be initiated while attempting to contact a Physician. If there is an extended time required to contact a Physician, transport must be initiated.
- Health Care Facilities must have POLST forms.
- If a patient presents in respiratory or cardiopulmonary arrest and there is any other form of advanced directive on the scene, other than the POLST form contact Medical Control. Other forms of advanced directives include: Living Wills, Health Care Proxies, and In-Hospital Do Not Resuscitate orders.
- Any certified EMS provider may contact Medical Control to request termination of resuscitation.