

## ***Cease Efforts***

Unsuccessful cardiopulmonary resuscitation (CPR) and other interventions may be discontinued prior to transport when this procedure is followed.

The purpose of this policy is to allow for the discontinuation of prehospital resuscitation after the delivery of adequate and appropriate resuscitation efforts to minimize the use of emergency transport for a patient who has extremely limited to no chance of meaningful, neurologically intact recovery.

**Following an assessment by an ILS/ALS provider OR consultation with Medical Control, resuscitation may be STOPPED under the following circumstances:**

- The physical environment becomes unsafe for EMS providers
- The exhaustion of EMS providers
- Unwitnessed arrest with BLS response and no ALS intercept available: After 5 rounds of CPR the patient's measured ETCO<sub>2</sub> (via King Airway or ETT) remains below 10 mmHg and the AED has not recommended giving a shock
- Unwitnessed arrest: ACLS care has been instituted (ALS/ILS) to include rhythm analysis, defibrillation (if indicated), appropriate airway management and three rounds or 20 minutes of the appropriate ACLS medications without return of spontaneous circulation.
- Witnessed VF arrest has been worked for 60 minutes with ACLS care (ALS/ILS) to include rhythm analysis, defibrillation (if indicated), appropriate airway management and medications without return of spontaneous circulation
- Extrication is prolonged (>15 minutes) in a pulseless, apneic patient, with no resuscitation possible during extrication (hypothermia is an exception)
- Correctable causes or special resuscitation circumstances have been considered and addressed
- Patient has a valid DNR where resuscitation efforts were initiated prior to knowledge of resuscitation status
- Family member(s) make a verbal DNR request and it is clear to the ILS/ALS provider that the patient is terminally ill
- Per family request (contact Medical Control prior to terminating resuscitation efforts)
- If directed to do so by Medical Control
- Prolonged resuscitation efforts beyond 60 minutes without a return of spontaneous circulation are usually futile, unless cardiac arrest is compounded by hypothermia, submersion in cold water, or refractory ventricular fibrillation or ventricular tachycardia

**Notes:**

- If cease efforts are deemed necessary based on the criteria above, contact Medical Control for time of death, and make sure the coroner or police on scene have care of the body before you clear the scene.
- If the above criteria are not met and discontinuation of prehospital resuscitation is desired, contact Medical Control. Resuscitation efforts will be continued until orders for termination of resuscitation have been received from Medical Control.
- Document all elements of 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).