

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 2	Section:	Policy #: 25
	Approved by:		Date: 6/2017 Review by: 6/2018
	Supersedes: Date Revised: 6/2017		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: RESUSCITATION vs. CEASE EFFORTS			

- I. POLICY:
Resuscitation vs. Cease Efforts
- II. PURPOSE AND STANDARD:
The EMS provider is responsible to make every effort to preserve life. In the absence of a DNR, resuscitative measures shall be attempted if there is any chance that life exists.
- III. POLICY SCOPE: Departmental
- IV. GENERAL INFORMATION:
 - A. When EMS personnel arrive on scene and discover the patient is pulseless and breathless and **CPR is not in progress**, resuscitation (at minimum CPR) must be initiated unless one or more of the following conditions exist:
 1. Obvious signs of biological death are present:
 - a. Decapitation
 - b. Rigor mortis **without** profound hypothermia
 - c. Dependent lividity
 - d. Transection of the torso
 - e. Decomposition
 - f. Incineration or extensive full-thickness burns
 - g. Skull deformity inconsistent with life
 2. Death has been declared by the patient's physician or the coroner.
 3. A valid DNR order is present and the EMS provider has made reasonable effort to verify the identity of the patient named in the order (*i.e.* identification by another person, ID band, photo ID or facility, home-care or hospice nursing staff.
 4. Efforts to resuscitate the patient will not be ceased once the transport has started until the patient arrives at the receiving hospital.

5. The EMS provider should immediately institute BLS measures and contact Medical Control for further direction if he or she has concerns regarding the validity of the DNR orders, the degree of life-sustaining treatment to be withheld or the status of the patient's condition.
 6. When EMS personnel arrive on scene and discover that CPR is in progress, the EMS provider should:
 - a. Assess breathing, pulse and analyze EKG activity.
 - a. Determine if signs of death are present or a valid DNR exists. Continue resuscitation if signs of death are not obvious and a valid DNR is not available.
 - b. **Contact Medical Control**** for orders, including possible cease efforts order.
- B. A *cease efforts* order may be considered and the base station physician may order resuscitative efforts be discontinued (or not initiated at all) if the following conditions exist. **Contact Medical Control**** for confirmation of resuscitation termination before leaving scene.
1. No signs of life are present (*i.e.* pulseless & apneic), patient "down time" is unknown, EKG is **asystole** or **PEA**, and on-site resuscitative efforts have been unsuccessful.
 2. The patient has injuries inconsistent with life such as decapitation or transection of the torso, even if the patient's body temperature is warm.
 3. The trauma patient is found pulseless after massive blunt trauma.
 4. The trauma patient is in asystole after penetrating trauma.
 5. Triage or patient prioritization deems resuscitative resources would be more beneficial for use on other victims.