SCOPE:  ☑ Departmental  ☐ Organizational

POLICY:  Resuscitation vs. Cease Efforts Policy

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.

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:
   - Decapitation
   - Rigor mortis without profound hypothermia
   - Dependent lividity
   - Transection of the torso
   - Decomposition

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. Once efforts to resuscitate the patient will not be ceased, once the transport has started until the patient arrives at the receiving hospital.

5. If the above signs of death are recognized, EMS personnel must contact Medical Control ** to confirm the decision not to attempt resuscitation prior to leaving the scene/patient or contacting the coroner.

6. 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.
When EMS personnel arrive on scene and discover that CPR is in progress, the EMS provider should:

1. Assess breathing, pulse and analyze EKG activity.
2. 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.
3. **Contact Medical Control** for orders, including possible cease efforts order.

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 transaction 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 and without pupillary response.
5. Triage or patient prioritization deems resuscitative resources would be more beneficial for use on other victims.