

SECTION: G-04

TITLE: Special Resuscitation Situations

REVISED: November 1, 2017

A. Withholding resuscitation

In situations requiring CPR (e.g., cardiac arrest), resuscitative efforts may be withheld or ceased under the following circumstances:

- *Cardiac arrest (all causes)*: Obvious signs of death defined by:
 - Rigor mortis
 - Dependent lividity
 - Obvious and widespread decomposition

- *Acute Traumatic Cardiac Arrest*: Consider withholding resuscitation in traumatic cardiac arrest in any of the following conditions:
 - No signs of life within the preceding 15 min (down time best estimate) AND asystolic.
 - No signs of life AND massive trauma incompatible with survival (e.g. decapitation, gross distortion of vital anatomy, loss of brain tissue).

- In all other situations, full resuscitation efforts shall be initiated **unless** there is:
 - A DNR order meeting the following criteria:
 - Idaho Physician Order for Scope of Treatment (POST) form
 - The physical presence of a physician-signed DNR order in the setting of a hospital (e.g., Idaho Elks Rehabilitation Hospital, Treasure Valley Hospital), **or**
 - The physical presence of a physician-signed, out-of-state DNR order, **or**
 - The physical presence of a valid State of Idaho Comfort One order or photocopy, **or**
 - State of Idaho Comfort One identification being worn by the patient, **or**
 - A DNR order written prior to July 1, 1994, regardless of format

See Appendix 26: In-Field Death/POST/Comfort One/DNR Guidelines for further guidance.

If there is a question concerning the appropriateness of CPR initiation, begin CPR and contact Medical Control.

B. Discontinuation of resuscitation

In all cases where CPR efforts have been appropriately initiated, Paramedic consultation with the on-line Medical Control physician is required prior to discontinuation.

- In addition, BLS interventions, an advanced airway, and at least 20 minutes of rhythm-appropriate therapy should have been performed prior to considering termination of efforts
- If a patient's ETCO₂ remains less than 11 mm Hg, despite 20 minutes of rhythm-appropriate therapy with an advanced airway placement, then efforts are likely futile. Conversely, higher ETCO₂ may be cause to consider ongoing resuscitation efforts. Clinical judgement is essential in determining whether to continue resuscitation.
- If CPR has been initiated inappropriately as outlined above, personnel may discontinue CPR without on-line Medical Control.