Protocol
G-04

SECTION: G-04

TITLE: Special Resuscitation Situations

REVISED: November 01, 2023

Special Resuscitation Situations

A. **Background:**

The purpose of this protocol is to provide guidance when resuscitative efforts may be withheld or ceased. Each situation is unique, and provider clinical judgement is crucial.

B. **Beginning Resuscitation**

Per Idaho Code 39-4514; there is a general presumption in favor of consent to resuscitation (including but not limited to CPR), except in certain specific circumstances. Therefore, assessment and resuscitation (if appropriate) should be done as promptly as circumstances and safety considerations allow.

C. **Withholding resuscitation**

In situations requiring CPR (e.g., cardiac arrest), resuscitative efforts may be withheld (or ceased if already begun) without contacting medical control under the following circumstances:

- *Obvious Death:* Obvious signs of death defined by:
  - Rigor mortis *and* Dependent lividity,
    Or
  - Obvious and widespread decomposition
    Or
  - Absence of respiratory effort (MCI only)

- *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 without resuscitation (downtime best estimate) *AND* asystolic.
    Or
  - No signs of life AND massive trauma incompatible with survival (e.g. decapitation, gross distortion of vital anatomy, loss of brain tissue, near 100% burns beyond recognition).

- *POST or DNR:* The Presence of a Valid **POST** or other ***Do Not Resuscitate*** (DNR) order as defined in *Appendix 26: POST/DNR.*

- *Drowning:* Victims of drowning who are confirmed submerged for over 1 hour (downtime best estimate) AND asytolic on rescue/recovery.

  - This timeframe is **extended to 90 minutes** for children under 6 or for water temperatures < 6 degrees Celsius/43 degrees Fahrenheit (Water temperature best estimate)
  - Providers have discretion to extend this period as needed.

In all other situations, full resuscitation efforts shall be initiated. If there is a question concerning the appropriateness of CPR initiation, begin BLS interventions (i.e., CPR) and contact Medical Control.

D. **Inappropriate Resuscitation:**

If CPR has been initiated inappropriately as outlined above in "C", personnel may discontinue CPR without on-line Medical Control.

E. **Discontinuation of resuscitation**

Not all patients will respond favorably to resuscitative efforts; further interventions may be deemed futile when likelihood of survival is minimal or non-existent.

In these cases, the paramedic shall contact medical control for permission to stop resuscitation efforts.

Examples include:

- BLS interventions (i.e., CPR, AED), an advanced airway, and at least **20** minutes of rhythm-appropriate therapy should have been performed prior to considering termination of efforts.

OR

- Any other unforeseen circumstances where the likelihood of survival is minimal or non-existent and resuscitative measures have been attempted or would otherwise be inhumane. (Example: HOSPICE patients without a DNR/POST order available) Document thoroughly.

F. **After withholding/discontinuation of resuscitation.**

- Dispatch should be notified of "10-100" as appropriate. Additional resources (i.e., PD, Coroner, TIPS) should be requested as appropriate and by policy.
- When resuscitation is withheld, or after resuscitation is stopped, the providers should switch focus to caring for other patients, family and bystanders, as well as preserving the scene for the death investigation. Providers should avoid disturbing the scene or the body as much as possible unless it is necessary to care for and assist other victims.
- Providers should specifically avoid disturbing medications, drug paraphernalia, or weapons/firearms unless required to care for other patients or for safety of responders.
- In the event of a *suspected crime scene*, refrain from cleaning up after the resuscitation.
    - Exceptions: "Sharps", medications administered by responders, and other potential hazards should be disposed of appropriately.
- Do not remove airways, IV lines, defib pads, etc from the patient. If the patient is covered, it should be a plastic sheet from a package to avoid cross contamination.
- Obtain demographic information as available. Document thoroughly.

Physician PEARLS

The Role of ETCO2: ETCO2 is informative in determining to continue to provide resuscitative 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.

Safety Considerations: EMS providers should not endanger themselves to determine death or specific circumstances of a patient. Examples of unreasonable danger include, but are not limited to:

- Bystanders or family who are hostile.
- Scenes where traffic is not reasonably controlled, or where the likelihood of an accident exists.
- Situations with a potential for exposure to weapons, fire, explosives, radiological, biological or chemical hazard where the rescuer lacks the resources or training to deal with the situation.
- Steep or vertical environments, "confined spaces", swift water or other technical rescue environments where the rescuer lacks the resources or training to deal with the situation.