





I. This protocol is only applicable to units staffed with a minimum of two basic EMTs.

II. Basic cardiac life support must be started on all patients who are apneic and pulseless UNLESS:

- a) A valid Do Not Resuscitate order is present in accordance with protocol Do Not Resuscitate.
OR
- b) The patient is determined to be dead on scene in accordance with protocol Dead on Scene.

III. Resuscitation may be terminated if ALL of the following criteria are met:

- a) Failure to obtain ROSC after at 20-minutes of high-quality CPR while following protocol Cardiac Arrest-General.
 - i.  Exceptions to the 30 minute time requirement may be requested of Medical Control. Care is to be provided, according to protocol, until such time as it is felt that appropriate procedures and medication are administered based on the medical condition and presentation of the patient. Medical Control must be contacted prior to termination of resuscitation. Total resuscitation time should be provided in the communication.
- b) Successful airway management in accordance with protocol Emergency Airway Procedure.
- c) No shockable rhythm during resuscitation per an AED interpretation. This applies only to an AED provided by the Life Support Agency.
- d) Cardiac arrest was not witnessed by EMS personnel.
- e)  Contact with medical control.
- f) Agreement between on scene providers and medical control to stop resuscitative efforts.

IV. Notes and Special Considerations

- 1) Medical Control should be contacted prior to transport of any pulseless patient.
- 2) Continue resuscitation during medical control contact. If only two providers are available, one should perform continuous compressions while the other contacts medical control.
- 3) If there is inadequate space on scene to perform effective resuscitation, move patient to the ambulance for resuscitation.
- 4) If it is unsafe to perform resuscitation on scene, initiate transport and contact medical control immediately.

Notes and Special Considerations Continued

- 1) Consider immediate transport in consultation with medical control for persistent shockable rhythm after 3 defibrillation attempts.



- 2) Pregnant patients with uterine fundus at or above umbilicus may benefit from emergency caesarean section. Contact medical control immediately.

- 3) For arrest presumed due to hypothermia, follow protocol Hypothermia Cardiac Arrest.

- 4) For drowning or near drowning, follow protocol Drowning/Near Drowning.



- 5) Arrests due to electrocution or lightning strike may benefit from additional resuscitation. Contact medical control for instruction prior to transport or termination of resuscitation.