Dead on Scene & Termination of Resuscitation

Aliases: DOA, DOS, Termination of Resuscitation

Purpose: For patients in cardiac arrest, when and when not to initiate CPR, and when to terminate efforts.

A. Dead on Scene Criteria - CPR should NOT be initiated in the following cardiac arrest patients:
   1. Decomposition
   2. Rigor mortis (Caution: do not confuse with stiffness due to cold environment)
   3. Dependent lividity
   4. Decapitation
   5. Traumatic cardiac arrest while entrapped (witnessed or unwitnessed)
   6. Incinerated or frozen body
   7. Submersion greater than 90 minutes in cold water (water temperature less than 70° F/21° C) as documented by the licensed health care professional after arrival on scene.
   8. Submersion greater than 30 minutes in warm water (water temperature greater than 70° F/21° C) as documented by the licensed health care professional after arrival on scene.
   9. Gross dismemberment or obvious mortal wounds/conditions (injuries inconsistent with life – i.e., crushing injuries of the head and/or chest)
   10. Unwitnessed arrest of traumatic origin, without organized electrical activity (must be asystole or pulseless rhythm with rate less than 40/min).
       i. Exception to this is electrocution (including lightning strike) or acute hypothermia.
   11. Patient has a valid "Do Not Resuscitate" identification bracelet or order refer to **DNR-Procedure Protocol**
   12. Patient has MI-POST with Do Not Resuscitate selected in section A refer to **MI POST-Procedure Protocol**
   13. In cases of mass casualty incidents, where the number of patients exceeds the providers and resources to care for them, any patient who is pulseless and apneic may be triaged as deceased.

B. Exceptions to Dead on Scene Criteria in which CPR should be initiated:
   1. In EMS professional judgement potential viability despite meeting Dead on Scene criteria.
   2. Pregnant patient arrest witnessed by either bystanders or EMS personnel
      i. Resuscitation and immediate transport to the closest receiving facility

      ii. Contact Medical Control as early as possible

C. For all other patients:
   1. Follow the **Adult or Pediatric Cardiac Arrest-Treatment Protocol**.

2. Medical cardiac arrest patients undergoing attempted resuscitation will not be transported unless return of spontaneous circulation (ROSC) is achieved.
    i. If the resuscitation cannot be safely performed on scene patient should be loaded into transporting unit and vehicle should be moved to closest appropriate area to continue resuscitation efforts
    ii. Contact Medical Control for special circumstances requiring early transport and document accordingly.
3. Patients will have resuscitation continued at the scene for at least 30 minutes.
    i. Contact Medical Control for special circumstances and document accordingly.
4. If ROSC is achieved see **Adult or Pediatric Return of Spontaneous Circulation-Treatment Protocol**

D. <u>Termination of Resuscitation if ROSC is NOT Achieved</u>

1. ALS Termination of Resuscitation, after 30 minutes of ALS time contact Medical Control for:
    i. Consideration of termination of resuscitation for Asystole in all 3 leads or PEA with a rate of less than 40.
    ii. Consideration of termination and/or further orders/potential transport for PEA with a rate greater than 40 or persistent V Fib.

2. BLS Termination of Resuscitation
    i. AHA Guidelines suggest that the following are reliable and valid criteria for BLS termination of resuscitation when **<u>ALL</u>** of the following apply:
        a. Arrest not witnessed by EMS personnel
        b. ROSC is not present after 20 minutes of high-quality CPR with an adequate airway.
        c. No AED shock was delivered by EMS personnel or prior to arrival.
    ii. Contact Medical Control for the following:
        a. Termination of efforts
        b. Further orders for on scene care/treatment
        c. Consideration of transport in extreme situations
3. The medical examiner system will be activated consistent with **Medical Examiner Notification and Body Disposition Protocol**
4. Prehospital personnel will provide information to the family which should include medical control procedures for termination of resuscitation when applicable.
5. The following must be documented
    a. Time of death as pronounced by physician
    b. Name of hospital and physician providing time of death
    c. Notification of law enforcement
    d. Gift of life status