

DEMCA
GENERAL PROCEDURES
TERMINATION OF RESUSCITATION

Revised Date: February 2020

Section 7-21



Termination of Resuscitation

1. Follow the Cardiac Arrest - General Protocol.
2. Medical cardiac arrest patients undergoing attempted resuscitation should not be transported unless return of spontaneous circulation (ROSC) is achieved or transport ordered by medical control or otherwise specified in protocol. These patients should have resuscitation continued at the scene for at least 30 minutes. Temporary return of pulse qualifies as ROSC. *If ALS personnel believe a prolonged resuscitation at the scene will be unduly distressing to the patient's family or bystanders, transport may begin prior to the termination of resuscitation.* If the resuscitation cannot be safely and efficiently performed on scene transport may begin whenever deemed appropriate by the ALS personnel.
3. If the resuscitation has been unsuccessful after at least 30 minutes (ALS time without ROSC), the resuscitation may be terminated with the permission of medical control. If persistent Ventricular Fibrillation, prompt emergency transport will be initiated. **Once resuscitation is initiated by ALS or LALS it may be terminated only at the direction of medical control. ROSC, i.e. return of a pulse resets the 30 minute clock and transport should be initiated.**
4. 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.
5. Once resuscitation is terminated, the prehospital personnel will provide information to the family which should include medical control procedures for termination of resuscitation.
6. Once care has been terminated record time of pronouncement of death and names of medical control physician and hospital.
7. Notify local police authority.
8. Body or bodies will not be moved until the police authority approves removal.
9. Personal belongings shall not be removed from the body.
10. Leave endotracheal tubes and IV's in place.
11. A body shall not be moved from the location of death **unless requested by the police authority.**
12. Alternately, the body of a person who has unexpectedly died in a public location may be moved only after approval from the police authority. Such approval shall not be requested by EMS if there is any indication of violence, criminal activity or if the physical environment may contain evidence related to a cause of death or an injury pattern.
13. Bodies must remain in the physical custody of EMS until custody is assumed by the police authority.
14. If there is evidence of suspicious, violent or unusual cause of death, caution should be taken to avoid contamination of the scene. Police may choose to photograph or document the placement of medical devices, medical equipment, etc. in suspicious situations, prior to their movement or removal.
15. No personal items should be removed from the body with the exception of identification.
16. Bodies may be covered with a burn sheet or other sheet which does not shed fibers.
17. If a body is moved, as permitted in the prior criteria, the location should be to a private, secure and nearby location.
18. Bodies must be handled with care and respect for the deceased, the family and the public.

