

TERMINATION OF RESUSCITATION

1. Resuscitation that is started in the field by Licensed EMS personnel **CANNOT** be discontinued without a physician order. Licensed EMS personnel are not obligated to continue resuscitation efforts that have been started by other persons at the scene if the patient meets the criteria listed in the [Prehospital Death Determination](#) protocol. This includes telephone CPR initiated by Emergency Medical Dispatchers.



2. Resuscitation started in the field may be discontinued only by physician order when the following conditions have been met:
 - a. For Medical Arrest:
 - 1) The patient remains in persistent asystole or agonal rhythm after twenty (20) minutes of appropriate ALS resuscitation, to include:
 - a) CPR
 - b) Effective ventilation with 100% oxygenation
 - c) Administration of appropriate ACLS medications
 - b. For Traumatic Arrest:
 - 1) Open airway with basic life support measures
 - 2) Provide effective ventilation with 100% oxygenation for two minutes
 - 3) Perform bilateral needle thoracentesis if tension pneumothorax suspected
 - c. The patient develops, or is found to have one of the following conclusive signs of death at any point during the resuscitative effort:
 - 1) Lividity of any degree
 - 2) Rigor mortis of any degree
3. When resuscitation has been terminated in the field, all medical interventions shall be left in place.
4. If possible, do not leave a body unattended. Once a responsible person (i.e. coroner's investigator, police, security, or family member) is present at the scene, you may be excused.
5. **NEVER** transport/move a body without permission from the coroner's office, except for assessment or its protection.



If the scene is a potential crime scene, e.g. possible homicide and the body is in an area that can be isolated from public view *DO NOT* cover the body. If the body cannot be isolated from public view, *ONLY* cover the body with a clean sheet obtained from the EMS vehicle.