Review and Approval 3/14/18, Effective 6/1/18, replaces all prior versions

# 4K - "Do Not Resuscitate"/Advanced Directive Orders, Futility of Resuscitation Initiation, & Termination of Resuscitation Adult & Pediatric

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

## "Do Not Resuscitate" & Advanced Directive Orders

Emergency Medical Responders, EMTs and Paramedics shall follow a physician's written Do-Not-Resuscitate (DNR) order, an Oklahoma DNR Consent Form, or an Advanced Health Care Directive accompanied by a written statement from two physicians that the patient is a "qualified" patient.

Situations will arise at scenes wherein persons may present themselves as the patient's family member or friend, stating that no resuscitative measures should be taken. These requests may only be honored if accompanied by appropriate documentation (any of the formats as noted previously in this protocol) or upon a written or verbal order from a physician previously established with the patient.

In any of the above confirmed situations, cease or withhold BVM ventilations, advanced airway placement, defibrillation, CPR, and antiarrhythmic and/or vasopressor medication administration. Provide all other appropriate care in accordance with applicable treatment protocols and procedures if the patient is not in respiratory or cardiac arrest, specifically addressing non-cardiopulmonary arrest conditions and maintaining appropriate comfort care for the patient.

## Futility of Resuscitation Initiation

CPR should not be initiated (or continued if initiated by bystanders prior to arrival) by Emergency Medical Responders, EMTs, and paramedics in the following clinical conditions representing "obvious death" (regardless of cause of cardiac arrest):

No pulse AND
No spontaneous respirations AND
Pupils fixed (unreactive to light) AND
One or more of the following:

| | |
|---|---|
| Rigor mortis. | Decomposition. |
| Decapitation. | Dependent lividity. |

Review and Approval 3/14/18, Effective 6/1/18, replaces all prior versions

**PROTOCOL 4K: "Do Not Resuscitate" Advanced Directive Orders, Futility of Resuscitation, & Termination of Resuscitation – Adult & Pediatric, cont.**

**Futility of Resuscitation Initiation, cont.**

In blunt traumatic cardiac arrest, CPR should not be initiated (or continued if initiated by bystanders prior to arrival) by Emergency Medical Responders, EMTs, and Paramedics in the following clinical conditions:

No pulse AND
No spontaneous respirations AND
No shockable rhythm AND
No organized ECG activity, i.e., (patient is asystolic or PEA <40 beats per minute)

In penetrating traumatic cardiac arrest, CPR should not be initiated (or continued if initiated by bystanders prior to arrival) by Emergency Medical Responders, EMTs, & paramedics in the following clinical conditions:

No pulse AND
No spontaneous respirations AND
Pupils fixed (unreactive to light) AND
No spontaneous movement AND
No organized ECG activity (asystole or PEA <40 beats per minute)

Unless the above death criteria are clearly met, CPR and other resuscitative efforts should be initiated and aggressively delivered to promote the best chance of patient survival. In cases involving relative hypothermia (often involved in water submersion situations), ensure full resuscitative efforts are delivered as outlined in Protocol 11B - Cold Illness/Injury. In cases of lightning strike (without signs of "obvious death" as previously listed in this protocol), ensure full resuscitative efforts.

Review and Approval 3/14/18, Effective 6/1/18, replaces all prior versions

**PROTOCOL 4K: "Do Not Resuscitate" Advanced Directive Orders, Futility of Resuscitation Initiation, & Termination of Resuscitation – Adult & Pediatric, cont.**

**Termination of Resuscitation**

Evidence-based medicine supports the practice of field CPR termination in the following:

**Adult, non-traumatic** cardiac arrest patients who **have not responded to full resuscitative efforts delivered consistent with the 2017 Medical Control Board Treatment Protocols in the following circumstance in which Paramedic (or higher level) care is available within 20 minutes of first EMS contact with the patient:**

An adult patient who has a **non-EMS witnessed, non-traumatic cardiac arrest** and is **found in asystole or PEA upon Paramedic arrival** may be considered a candidate for field termination of resuscitation if they do not respond to full resuscitation efforts AND:

1) Location of cardiac arrest is a private residence or healthcare facility (e.g. nursing home).
2) ALS resuscitative efforts (CPR, successful placement of advanced airway, successful vascular access – IV or IO, and medication administration) have been continuously performed for at least 20 minutes without return of spontaneous circulation (ROSC) or conversion of asystole or PEA to Ventricular Fibrillation/Ventricular Tachycardia at any time during the 20+ minutes of advanced life support.
3) End-tidal carbon dioxide <20 mmHg at time of resuscitation termination.
4) The cardiac arrest did not occur in absolute or relative hypothermia.
5) The cardiac arrest did not occur due to apparent toxic agent exposure.

**Adult, non-traumatic** cardiac arrest patients who **have not responded to full resuscitative efforts delivered consistent with the 2017 Medical Control Board Treatment Protocols in the following circumstance in which Paramedic (or higher level) care is *NOT* available within 20 minutes of first EMS contact with the patient:**

An adult patient who has a **non-EMS witnessed, non-traumatic cardiac arrest** and is **found in a non-AED shockable rhythm upon first care arrival** may be considered a candidate for field termination of resuscitation if they do not respond to full resuscitation efforts AND:

1) Location of cardiac arrest is a private residence or healthcare facility (e.g. nursing home).
2) BLS/ALS (non-Paramedic level) resuscitative efforts (CPR, and the possible inclusion of successful placement of advanced airway, successful vascular access – IV or IO, and limited medication administration) have been continuously performed for at least 20 minutes without return of spontaneous circulation (ROSC) or conversion of a non-AED shockable rhythm to an AED-shockable rhythm at any time during the 20+ minutes of resuscitation.
3) The cardiac arrest did not occur in absolute or relative hypothermia.
4) The cardiac arrest did not occur due to apparent toxic agent exposure.

Review and Approval 3/14/18, Effective 6/1/18, replaces all prior versions

**PROTOCOL 4K: "Do Not Resuscitate" Advanced Directive Orders, Futility of Resuscitation, & Termination of Resuscitation – Adult & Pediatric, cont.**

**Termination of Resuscitation, cont.**

If **ALL** of the above criteria are met, then an online medical control physician, the patient's attending physician, or alternatively an Office of the Medical Director paramedic serving in the roles of Director of Clinical Affairs or Director of Critical Care Analytics may be consulted for field termination of cardiac arrest resuscitation. The physician's order may be either by direct voice communication or in writing. The OMD paramedic's order will be by direct voice communication. The order is based upon the physician's or OMD paramedic's decision that the patient's condition is terminal, cardiovascular unresponsiveness has been established despite optimal out-of-hospital ALS emergency medical care, and biologic death has occurred. The EMS professional's decision to stop the resuscitation then shall be based on this physician's or OMD paramedic's order, though to be perfectly clear such order cannot contradict the conditions specified for termination of resuscitation. In the rare instance in which an online medical control physician or the patient's attending physician orders termination of resuscitation inconsistent with this protocol, continue resuscitation and consult the medical director or his/her designee (which may include an OMD paramedic as specified above).

Prior to field termination of resuscitation order requests, logistical factors should be considered such as family expectations, safety of crew and public if resuscitation is halted on scene, factors inhibiting safe patient movement, non-English-speaking family/cultural barriers, private physician order to continue resuscitation and transport, possible correctable causes of cardiac arrest yet untreated. EMS providers on-scene should consider the family member(s) access to resources including clergy, crisis workers, social workers, and other necessary personnel to ensure field termination of resuscitation can be achieved in an efficient, humane manner. Additionally, Oklahoma legal requirements for unattended death must be followed.