

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: In Field Termination

Overview: This policy addresses those calls that involve ADULT patients that do not respond to treatment of non-traumatic Cardiac Arrest, when you are presented a valid DNR order. Medical Control must be contacted as an order of a physician is required before discontinuing treatment.

INFORMATION NEEDED

- Length of time patient down before your arrival.
- History of patient
- Specific treatment provided to patient prior to Medical Control Contact
- Was DNR provided once treatment was begun?
- ILS/ALS upgrade requested?

OBJECTIVE FINDINGS

- Patient has not responded to defibrillation and CPR attempts per protocol.
- Patient remains in Cardiac Arrest, AED no longer advises SHOCK
- Valid DNR is provided after care initiated.

TREATMENT

- CPR initiated
- Airway management per BVM with airway adjunct-oral, nasopharyngeal, Combitube
- AED applied and commands followed
- ILS/ALS upgrade requested/ initiated

Documentation of adherence to protocol:

- Patient assessment findings
- Following patient assessment CPR is initiated
- Airway management
- CPR begun
- Application of AED
- Information regarding DNR
- Contact with Medical Control and name of physician
- Time of death

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Medical Control Contact Criteria

___ Must contact Medical Control regarding Termination in the field upon being presented valid DNR or if any question exists regarding resuscitation.

PRECAUTIONS AND COMMENTS

- Patients without definitive signs of death must receive resuscitation unless a properly executed Do-Not-Resuscitate documentation is presented
- Definitive signs of death include at least one of the following: rigor mortis, dependent lividity, decomposition of body tissues, devastating, unsurvivable injury(s)-an injury clearly incompatible with life, decapitation, incineration, separation of vital internal organs from the body or total destruction of organs, gunshot wound to the head that clearly crosses the midline(entrance and exit)
- If a physician on scene directs the team to cease resuscitation, identify the physician by name and contact Medical Control (see Physician On-Scene SMO).
- Time of death must also be noted when Medical Control orders termination of efforts.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: In Field Termination

Revised Date:

Overview: This policy addresses those calls that involve ADULT patients that do not respond to treatment of non-traumatic Cardiac Arrest, when you are presented a valid DNR order. Medical Control must be contacted as an order of a physician is required before discontinuing treatment.

INFORMATION NEEDED

- Length of time patient down before your arrival.
- History of patient
- Specific treatment provided to patient prior to Medical Control Contact
- Was DNR provided once treatment was begun?

OBJECTIVE FINDINGS

- Patient has not responded to drug therapy, defibrillation, and CPR attempts per protocol.
- Patient remains in Cardiac Arrest,
- Valid DNR is provided after care initiated.

TREATMENT

- Following patient assessment CPR is initiated
- Airway management per BVM with airway adjunct (oral, nasopharyngeal, Combitube, Intubation--preferred)
- Cardiac monitor applied—rhythm noted
- ACLS protocols followed
- In the event a valid DNR is produced once care has been initiated, immediately contact Medical Control

Medical Control must be made aware of the following prior to discontinuing resuscitation:

- Patient is less than 18 years old.
- Patient is visibly pregnant(greater than 20 weeks)
- Patient whose cardiac arrest MAY BE associated with hypothermia, hyperthermia, drug overdose, toxicological exposures, airway obstruction, or electrocution
- Patient is a victim at a crime scene without obvious life ending injuries, or is in police custody
- There is family member conflict or disagreement regarding DNR status.
- Inability to communicate with family present or by telephone due to language or cultural barrier.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

GUIDELINES

- __ Continue Resuscitation efforts until Medical Control gives the order to discontinue.
 - During the resuscitation efforts the family will be kept informed as to the status of the patient and the referral to Medical Control for possible termination of efforts.
 - If there is objection to discontinuing resuscitation from any family member, care will be continued until patient is transferred to the care of the emergency physician at the hospital.
 - If termination occurs, EMS personnel should shut off the IV lines. DO NOT remove the IV catheter from its site or the ETT from the oral or nasal orifice.
 - EMS will contact the coroner/law enforcement according to local policy.
 - Be attentive to the social and psychological support needs of the family and those present.
 - EMS will stay on scene until coroner/law enforcement arrive.

NOTE: There is a general recommendation that a decision to transport or cease resuscitation be made once ALS efforts have persisted for 20 minutes (EXCEPTION: Persistent Ventricular Fibrillation. Transport may be indicated sooner if logistics or scene situation warrant the movement of the patient.

Documentation of adherence to protocol:

- __ Patient assessment findings, including history, allergies, medications
- __ Airway management
- __ CPR initiated
- __ Cardiac monitor rhythm
- __ Patient response to treatment of airway and cardiac rhythm
- __ Information regarding DNR
- __ Contact with Medical Control and name of physician
- __ Time of death
- __ Scene situation including family response
- __ Witnesses on the scene

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Medical Control Contact Criteria

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PRECAUTIONS AND COMMENTS

- Patients without definitive signs of death must receive resuscitation unless a properly executed Do Not Resuscitate is presented
- Definitive signs of death include at least one of the following: rigor mortis, dependent lividity, decomposition of body tissues, devastating, unsurvivable injury(s)-an injury clearly incompatible with life, decapitation, incineration, separation of vital internal organs from the body or total destruction of organs, gunshot wound to the head that clearly crosses the midline(entrance and exit)
- If a physician on scene directs the team to cease resuscitation, identify the physician by name and contact Medical Control (see Physician On-Scene SMO).
- Time of death must also be noted when Medical Control orders termination of efforts