# CENTRAL CALIFORNIA

# **EMERGENCY MEDICAL SERVICES**

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 549
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Subject	Initiation/Termination of CPR in the Medical Patient	
References		Effective 08/04/84

#### I. POLICY

EMS personnel shall utilize approved criteria for determining when to initiate and continue treatment for the medical arrest patient.

#### II. PROCEDURE

#### A. When not to initiate CPR

A primary assessment reveals a pulseless, non-breathing patient who has multiple signs of prolonged lifelessness. These signs include rigor mortis, lividity, loss of body heat, and glazed corneas. Rigor mortis is fairly reliable. Lividity is less reliable and requires an undressed patient. Loss of body heat is of no value in a cold environment, but has some value in a warm environment. Multiple corneal diseases cause glazed corneas.

Note: Cold water drowning, hypothermia and barbiturate ingestion all prolong brain life and therefore transport and treatment should be considered on these patients.

- 2. A patient with an approved "Do-Not-Resuscitate" (DNR) document. (Refer to EMS Policy #564)
- B. A primary assessment must be completed on all patients and confirmed by two (2) EMS providers. A primary assessment will include:
  - 1. Check for response to aggressive stimulation.
  - 2. Check respiratory status for 15 seconds.
  - 3. Check for a pulse in both the carotid and femoral arteries for 15 seconds.

#### C. Termination of CPR

### BLS personnel

1. Any case in which information becomes available that would have prevented initiation of CPR had that information been available before CPR was initiated, CPR should be terminated.

Approved By		Revision
EMS Division Manager	<b>Daniel J. Lynch</b> (Signature on File at EMS Agency)	
		02/01/2011
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- 2. If patient does not meet above criteria, initiate CPR. After CPR for ten (10) minutes, determine ALS unit's estimated time of arrival.
  - a. If less than 10 minutes to ALS arrival, continue CPR.
  - b. If greater than 10 minutes to ALS arrival, discontinue CPR and cancel incoming ALS response. (Refer to Note # 3)

NOTE: BLS transporting units (i.e.: B-258) should initiate transport immediately and rendezvous with an ALS unit enroute. If terminating CPR, refer to Note # 3.

# ALS personnel

- 1. Any case in which information becomes available that would have prevented initiation of CPR had that information been available before CPR was initiated, CPR should be terminated.
- 2. After performance of ACLS skills for ten (10) minutes, defined as:
  - 1. Successful intubation, backup airway, or BLS airway.
  - 2. Successful intravenous or intraosseous access.
  - 3. A minimum of two rounds of ACLS drugs given.

#### Rhythm after 10 minutes of ACLS

- 1. Sustained asystole or Pulseless Electrical Activity (PEA) less than 20 beats/minute discontinue CPR. (Refer to Note # 3)
- 2. All Other Rhythms
  - a. If transport time is ten (10) minutes or less to a receiving hospital, initiate transport.
  - b. If transport time is greater than ten minutes, contact a Base Hospital.

# D. Special Considerations

- 1. CPR once initiated on patient's age 14 or less cannot be terminated without Base Hospital approval.
- 2. If the paramedic is unable to successfully complete any portion of the ACLS therapy:
  - a. Transport to hospital if less than ten minutes away.
  - b. Contact a Base Hospital if transport to a receiving hospital is greater than ten minutes.
- 3. ALS and BLS personnel must complete two primary assessments, which show no signs of life one minute apart before terminating CPR. Assessments must be confirmed by two providers.
- 4. If CPR is terminated after transport is initiated, continue transport to the closest appropriate hospital. (Do not transport to the Coroner's Office.)
- 5. Use foot length to determine the initiation/termination of CPR in premature newborns. Foot length of 33 mm, equals 20-week gestation and resuscitation should continue. If the newborns foot length is less than 33 mm terminate CPR. Newborns with foot lengths less than 33 mm are considered nonviable.