

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

FOR TRAINING ONLY.
PROTOCOL WILL GO INTO EFFECT ON
JUNE 1, 2025

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 549 Page 1 of 2
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

1. When patient has obvious signs of death in addition to absence of respirations, cardiac activity (pulseless), and neurologic response confirmed by two providers one minute apart. Obvious signs of death include the following:
 - a. Decapitation
 - b. Total incineration
 - c. Evisceration of the heart or brain
 - d. Decomposition
 - e. Rigor mortis
2. A patient with an approved "Do-Not-Resuscitate" (DNR) document. (Refer to EMS Policy #564)
3. If there is any doubt, initiate CPR immediately.

C. Termination of CPR

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. Consider termination of resuscitation only if the patient remains pulseless and apneic and ALL of the following are true:
 - a. Patient has received at least 20 minutes of high-quality CPR
 - b. Successful placement of advanced airway (supraglottic or ET tube) and successful IV/IO access with 3 rounds of appropriate ACLS medications administered
 - c. Arrest was not witnessed by EMS

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- d. No shockable rhythm identified at any time during the resuscitation
 - e. Patient has no ROSC at any time
 - f. Environmental hypothermia or cold-water drowning are not suspected
3. Continuous waveform capnography should be measured on all patients being resuscitated in cardiac arrest. If all the above criteria for termination of resuscitation have been met and the ETCO₂ remains >20 mmHg, consult the Base Hospital Physician prior to termination of resuscitation.

D. Special Considerations

1. CPR may not be terminated on patients ≤14 years of age without a Base Hospital Physician order.
2. If criteria for termination of CPR above have not been met, an order to terminate resuscitation may be given by the Base Hospital Physician. The criteria for discontinuation of resuscitative efforts and the time that the Base Hospital Physician determined death must be included in the patient care report.
3. All patients with ventricular fibrillation or ventricular tachycardia should be resuscitated and transported.
4. All the following must be completed by two providers one minute apart prior to determination of death:
 - a. Assess for absence of respirations for 30 seconds
 - b. Palpate for absence of carotid or femoral pulse for 30 seconds
 - c. Assessment of neurologic response
 - i. Check for pupillary response
 - ii. Check for response to painful stimulus
5. If there are scene safety concerns with termination of resuscitation on scene, the patient may be transported.
6. Documentation must include assessment performed and criteria used to determine death. Rhythm strip at the time of termination of CPR must be attached to the PCR.
7. If CPR is terminated after transport is initiated, continue transport to the closest appropriate hospital. (Do not transport to the Coroner's Office.)