



# Standards Policy: Disposition Policy Section

## Criteria for Death / Withholding Resuscitation

### Policy:

CPR, BLS and ALS treatment are to be withheld only if the patient is obviously dead (see procedure section) or a valid (*properly completed, signed, dated, and unexpired*) **North Carolina Do Not Resuscitate (DNR)** form and/or **Medical Orders for Scope of Treatment (MOST)** form is present (Disposition Policy 5).

EMS personnel shall also honor a valid **POLST (Physician Orders for Life Sustaining Treatment)**, **POST (Physician Orders for Scope of Treatment)**, **MOST and/or DNR** (*properly completed, signed, dated, and unexpired*) from another state or US military form. NCGS Article 23: 90-320.

### Purpose:

The purpose of this policy is to:

- Honor those who have obviously expired prior to EMS arrival.
- To honor the terminal wishes of the patient
- To prevent the initiation of unwanted resuscitation

### Procedure:

1. If a patient is in complete cardiopulmonary arrest (clinically dead) and meets one or more of the criteria below, CPR and ALS therapy need not be initiated:

- Body decomposition
- Rigor mortis
- Dependent lividity
- Blunt force trauma
- Injury not compatible with life (i.e., decapitation, burned beyond recognition, massive open or penetrating trauma to the head or chest with obvious organ destruction)
- Extended downtime (> 15 minutes) with Asystole on the ECG
- Meets criteria established in AC 12 Termination of CPR Protocol
- Meets criteria established in TB 10 Traumatic Arrest Protocol

2. If a bystander or first responder has initiated CPR or automated defibrillation prior to ALS personnel (Paramedic or AEMT) arrival and any of the above criteria (signs of obvious death) are present, the ALS provider may discontinue CPR / resuscitation efforts. All other EMS personnel levels must communicate with medical control prior to discontinuation of the resuscitative efforts unless specifically addressed in AC 12 Termination of CPR Protocol and/or TB 10 Traumatic Arrest Protocol.

3. If doubt exists, start resuscitation immediately. Once resuscitation is initiated, continue resuscitation efforts until either:

- a) Resuscitation efforts meet the criteria for implementing the **Discontinuation of Prehospital Resuscitation Policy** (Disposition Policy 3).
- b) Patient care responsibilities are transferred to the destination hospital staff.