



DATE: August 5, 2015  
TO: Region XI EMS Providers  
FROM: Region XI EMS Medical Directors Consortium  
RE: Clarification Regarding the Withholding of Resuscitation & Traumatic Cardiopulmonary Arrest

Region XI EMS Providers,

Patients who are in traumatic arrest on initial EMS provider assessment have a dismal prognosis for survival, both from blunt and penetrating trauma.

EMS providers should withhold resuscitative efforts on adult (age 16 years or greater) trauma patients where there is a trauma-related lethal mechanism of injury and on initial assessment the patient has no signs of life (absent vital signs, no respiratory effort, no spontaneous movement, asystole on monitor).

Patients who are victims of drowning, strangulation, lightning strike, electrocution, who are hypothermic, visibly pregnant, or those who may have a medical cause for their cardiac arrest (example: driver of a car found to be in cardiac arrest after a low impact MVC) should have resuscitation attempted and continued enroute to the closest appropriate receiving hospital.

When resuscitation is withheld, base station contact is mandatory, and the Chicago Police Department (CPD) should be contacted via the OEMC. When Chicago Police arrive on scene, EMS personnel should transfer custody of the body to CPD.

If there is an unsafe scene (large crowd, public location, anticipated delay from CPD), EMS personnel may remove the patient from the scene and transport the body to the closest comprehensive emergency department for body aftercare processing. The assigned base station should be contacted for medical control and the base station will notify the receiving hospital.

Please refer to Region XI EMS Policy B.5-B.6: Initiation or Withholding of Resuscitative Measures. Should you have any questions regarding this information, please contact your Resource Hospital EMS Coordinator.

Respectfully,

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