TERMINATION OF RESUSCITATION

I. Termination of Resuscitation may be considered in the following circumstances:

   A. Adult patient in cardiac arrest
      1. Excludes traumatic arrest
      2. Excludes hypothermia
      3. No other reversible cause of cardiac arrest identified

   B. Initial rhythm is asystole or pulseless electrical activity (PEA)
      1. Confirmed in two different leads

   C. IV or IO access is established
      1. Epinephrine 1 mg IV every 3-5 minutes
      2. 5 total doses of Epinephrine have been administered

   D. Advanced airway established
      1. Supraglottic airway or endotracheal tube

   E. ETCO2 capnography attached with number and waveform reading

II. If all of the above criteria are met:

   A. Contact Medical Control
   B. Request termination of resuscitative measures from ECP or ECRN.
   C. If order for termination approved, terminate resuscitation
   D. If order for termination not approved, continue resuscitation and plan for transport as per discussion with ECP or ECRN.

III. If the order for termination is approved and the deceased is in a home or private residence:

   A. Notify family members of death and provide grief counseling as appropriate
   B. Contact Chicago Police Department (if not already present on scene)
   C. Give relevant information to the police officer on scene
   D. Police will assume custody of body and arrange body aftercare with either the Cook County Medical Examiner or with the family and a private funeral home.

IV. If the order for termination is approved and the deceased is in a public place or unsafe scene, CPD should be called to take custody of the body. In the rare circumstance where transport is needed, transport the patient to the closest comprehensive emergency department. The base station should notify the receiving hospital that they are receiving a patient whose resuscitation was terminated in the field.

V. If the order for termination is approved and the deceased is in a healthcare facility (i.e. nursing home, hospice, rehabilitation hospital), no transport is required and body aftercare will be assumed by the facility.