

INITIATION OR WITHHOLDING OF RESUSCITATIVE MEASURES

I. INITIATION OF RESUSCITATION

All EMS personnel practicing within the Region XI EMS System are required to immediately initiate cardiopulmonary resuscitation (CPR) on any patient who is apneic and pulseless, unless the patient meets criteria for withholding resuscitation (see below).

II. WITHHOLDING RESUSCITATION

A. Prior to withholding resuscitation, thorough patient assessment must be performed.

B. Resuscitation should be withheld in the following circumstances:

1. Signs of long term death or injuries obviously incompatible with life including:
 - a. Decapitation
 - b. Transection of the torso
 - c. Rigor mortis without hypothermia
 - d. Widespread lividity (skin discoloration in dependent body parts)
 - e. Decomposition
 - f. Incineration with charred remains
2. If patient has a valid DNR/POLST (see Advanced Directives B.9-B.11).
3. Adult trauma patients (age 16 years or greater) meeting all of the following criteria:
 - a. Blunt or penetrating trauma-related lethal mechanism of injury
 - b. Apneic and pulseless without spontaneous movements
 - c. Asystole on cardiac monitor in multiple leads
 - d. The following conditions are excluded and should be resuscitated:
 - (i) Drowning or strangulation
 - (ii) Lightning strike or electrocution
 - (iii) Situations involving hypothermia
 - (iv) Patients with visible pregnancy
 - (v) Medical conditions as the likely cause of cardiac arrest

C. IN CASES WHERE THE PATIENT'S STATUS IS UNCLEAR AND THE APPROPRIATENESS OF WITHHOLDING RESUSCITATION EFFORTS IS QUESTIONED, EMS PERSONNEL SHOULD INITIATE CPR IMMEDIATELY AND THEN CONTACT THE BASE STATION FOR FURTHER DIRECTION.

D. When resuscitation is withheld:

1. Notify Chicago Police Department -- All notification of the Medical Examiner is done by the Chicago Police Department in accordance with Police General Order -- Processing Deceased Persons.

2. Document reasons for withholding on Patient Care Report (PCR)

E. Disposition of the patient when resuscitation is withheld:

1. For II, A, 1 through 8, notify CPD; transfer custody of the patient to CPD on scene
2. For II, A, 9 (Traumatic cardiopulmonary arrest), depending upon the circumstances, either of the following may be appropriate:
 - a. Transfer custody to CPD on scene, this is preferred. Preservation of crime scene elements may be appropriate (refer to Crime Scene Response Policy B.24);
 - b. In rare circumstances, remove the patient from the scene. This may be appropriate or necessary given the nature of the scene. If so, transport the patient to the closest Emergency Department. The base station should notify the ED of the patient's arrival.

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