




## Stopping Resuscitation Efforts Without Base Contact

	<b>MARSING AMBULANCE EMS DISTRICT POLICY &amp; PROCEDURES</b>	Effective Date:  7/18/2025
<b>TITLE:</b> <b>Medical Policy: Stopping Resuscitation Efforts Without Base Contact</b>		Revision Date:
<b>APPROVAL:</b>  <div data-bbox="203 556 625 651"></div> <div data-bbox="186 651 414 682">Medical Director</div> <div data-bbox="966 556 1209 651"></div> <div data-bbox="966 651 1120 682">EMS Chief</div>		

### **PURPOSE:**

Adopted State medical protocol calls for contacting medical control to terminate resuscitation efforts. The purpose of this policy is to address circumstances whereby contacting medical control is not feasible due to loss of communication ability which occurs with remote locations.

### **POLICY:**

#### I. Treatment that must be completed prior to considering ceasing resuscitative efforts

- A. Adequate ventilatory and oxygenation efforts completed
  - 1. Oral, nasal, or supraglottic airway placed
  - 2. Bag/mask or Bag/SGA ventilation
  - 3. Oxygen provided
  - 4. Effective chest rise
- B. Potential reversible causes of arrest addressed
  - 1. Hypovolemia
    - a. Initiate IV/IO fluids and complete at least one volume appropriate bolus
  - 2. Hypoxia
    - a. Assure proper ventilation/oxygenation
  - 3. Hypoglycemia
    - a. Administer glucose solution per protocol
  - 4. Hypothermia – if suspected
    - a. Increase ambient temperature
    - b. Use warmed IV fluids
    - c. NOTE: If cold water drowning is the suspected cause of arrest, the patient MUST be transported to a hospital or care transferred to ALS
  - 5. Overdose
    - a. Administration of Narcan per protocol
- C. >20 minutes of CPR with “no shock advised”
  - 1. Any episode of ROSC or shockable rhythm restarts the clock

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- D. Assure absence of
    - 1. Spontaneous respirations
    - 2. Heart sounds
    - 3. Central pulses (carotid, femoral)
  - E. Personnel with advanced training/licensing should consider observing the EKG rhythm and documenting asystole/PEA in 2 leads
- II. Traumatic injury that prevents the above steps from being completed (i.e. facial/neck disruption) may be considered for immediate cessation of resuscitation
- III. Once above criteria are met and it is confirmed that contact with medical control is not possible, resuscitation may be ceased