

**REGION I EMERGENCY MEDICAL SERVICES**  
**STANDING MEDICAL ORDERS**  
**BLS, ILS, ALS**

**SMO: In-Field Termination**

**Overview:** This SMO addresses those situations that involve ADULT patients that do not respond to treatment of non-traumatic Cardiac Arrest, or when you are presented a valid DNR/POLST order. At present most codes are transported to the hospital, however there are circumstances when in-field termination and non-transport is appropriate. Medical Control must be contacted as an order of a physician is required before discontinuing treatment.

**SPECIAL SITUATIONS**

Patient with DNR/POLST (follow [DNR/POLST SMO](#))

Patient with definitive signs of death include at least one of the following:

- rigor mortis
- dependent lividity
- decomposition of body tissues
- fatal/unsurvivable injury(s)-an injury clearly incompatible with life:
  - decapitation
  - incineration
  - separation of vital internal organs from the body or total destruction of organs
  - gunshot wound to the head that clearly crosses the midline (entrance and exit)

Patients meeting the above conditions do not require Medical Control contact prior to calling Coroner.

**IN-FIELD TERMINATION OF RESUSCITATION EFFORTS**

**INFORMATION NEEDED:**

Length of time patient down before your arrival

History of patient

Specific treatment provided to patient prior to Medical Control Contact

DNR/POLST provided after treatment initiated

Care provided

### **OBJECTIVE FINDINGS**

- Patient has a valid DNR/POLST where resuscitation efforts were initiated prior to knowledge of resuscitation status. All providers, when presented with a valid DNR/POLST after initiating CPR, should contact Medical Control prior to ending resuscitation efforts.
- Prolonged resuscitation efforts beyond 20 minutes with full ACLS without a return of spontaneous circulation or shockable rhythm and/or capnography has remained below 10 throughout arrest it may be appropriate to terminate in the field.
- If cardiac arrest is compounded by hypothermia, submersion in cold water, or if there has been transient ROSC or continued shockable rhythm transport is indicated.
- Correctable causes or special resuscitation circumstances have been considered and addressed.
- Family requests for termination should be relayed to Medical Control

### **TREATMENT**

- CPR initiated
- Airway Management per [Airway Management SMO](#)
- AED/cardiac monitor applied
- AHA Guidelines followed for a minimum of 20 minutes
- Decision to transport or contact Medical Control for termination
- Any/all equipment that was used to treat the patient such as ET tubes, airway adjuncts, IVs, IOs etc should not be removed from the patient and be left in position that they were in at the time the patient was pronounced
- If termination is approved contact Coroner (see [Notification of Coroner SMO](#))

### **Documentation of adherence to SMO**

- Patient assessment findings
- Following patient assessment; CPR is initiated
- Airway management
- Application of AED/cardiac monitor
- Information regarding DNR/POLST
- Appropriate AHA treatments provided
- Contact with Medical Control and name of physician
- Time of death

### **Medical Control Contact Criteria**

- When presented with a valid DNR/POLST after initiating CPR, should contact Medical Control prior to ending resuscitation efforts
- For other extenuating circumstances where resuscitation may not be indicated Medical Control should be contacted for specific orders

### **PRECAUTIONS AND COMMENTS**

- Patients without definitive signs of death must receive resuscitation unless a properly executed DNR/POLST documentation is presented
- Time of death must also be noted when Medical Control orders termination of efforts