



North Carolina College of Emergency Physicians
Standards Policy



**Criteria for Death/
Withholding Resuscitation**

Policy:

CPR and ALS treatment are to be withheld only if the patient is obviously dead or a valid North Carolina ***Do Not Resuscitate*** form (see separate policy) is present.

Purpose:

The purpose of this policy is to:

- Honor those who have obviously expired prior to EMS arrival.

Procedure:

1. If a patient is in complete cardiopulmonary arrest (clinically dead) and meets one or more of the criteria below, CPR and ALS therapy need not be initiated:
 - Body decomposition
 - Rigor mortis
 - Dependent lividity
 - Blunt force trauma
 - Injury not compatible with life (i.e., decapitation, burned beyond recognition, massive open or penetrating trauma to the head or chest with obvious organ destruction)
 - Extended downtime with Asystole on the ECG
2. If a bystander or first responder has initiated CPR or automated defibrillation prior to an EMS paramedic's arrival and any of the above criteria (signs of obvious death) are present, the paramedic may discontinue CPR and ALS therapy. All other EMS personnel levels must communicate with medical control prior to discontinuation of the resuscitative efforts.
3. If doubt exists, start resuscitation immediately. Once resuscitation is initiated, continue resuscitation efforts until either:
 - a) Resuscitation efforts meet the criteria for implementing the **Discontinuation of Prehospital Resuscitation Policy** (see separate policy)
 - b) Patient care responsibilities are transferred to the destination hospital staff.
4. Documentation on all patients should include the physical exam and the final rhythm noted on a cardiac monitor. If this is not possible, it should be reflected in the narrative of the patient care report.