Withholding Resuscitation

REFRESHER

RECOGNIZE IT

- CPR philosophy: if the brain is viable and there is no medical or legal reason not to begin, start resuscitation
- Do not begin — medical: rigor mortis, decapitation, dependent lividity, tissue decomposition
- Do not begin — legal: DNR, OHDNR, advance directive
- DNR must be signed by patient/guardian and physician; if BLS was started before the DNR, contact medical control
- OHDNR does not apply to pregnant patients; if in doubt, start resuscitation and contact medical control

ASSESS

- Stop criteria: PEA or asystole persist 20 minutes AND H's and T's corrected AND CO2 low AND family and medical control consulted
- NUE patients (non-shockable rhythm, unwitnessed, eighty or older) may be terminated after 20 minutes unsuccessful, without calling medical control
- Special circumstances NOT terminated in the field: drowning, hypothermia, poisonings, pediatrics — transport; consider early Lucas transport
- Trauma code: weigh transport time, family expectations/witness concerns, blunt vs penetrating, duration of signs of life and of resuscitation
- MCI: follow SALT triage; resuscitation may start if resources and providers are sufficient

ACT — FIRST MOVES

1. Check ABCs and begin resuscitation when indicated
2. Consult the family: be respectful, show empathy, explain everything done so far, ask about the patient's wishes
3. Consult medical control: HPI, down time / pre-arrival CPR, airway and interventions
4. Report ventilation quality, initial rhythm and changes, defibrillations, all medications, CO2 and changes
5. Ask medical control for their expert opinion before ceasing efforts

PEARLS

- H's and T's drive the stop decision: hypovolemia–fluids, hypoxia–oxygen, tamponade–pericardiocentesis, tension pneumo–needle decompression, toxins–antidote, thrombosis–thrombectomy, acidosis–bicarb/ventilation, hypo/hyperkalemia–sodium bicarb
- Hypothermia in arrest: raise temperature to >86 degrees (per the page's H's and T's table)

Take Home Message:

Start when the brain is viable and nothing legally or medically says no — and stop only when the criteria, the family, and medical control line up.