



Jackson Hole Fire/EMS Operations Manual

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Title: **Standing Order: #1
DNR/Termination of
Resuscitation**

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STANDING ORDER #1 Do Not Resuscitate/Termination of Resuscitation

ALL PROVIDERS

This standing order was developed to deal with those situations where an EMS provider is confronted with one of the following situations:

1. A patient who has obviously been deceased for a significant period of time.
2. A DNR order is verbally or physically present, or the patient is in a hospice program.
3. Situations where a crime has likely been committed and a carefully performed history and primary survey reveals that the patient is obviously dead.
4. There is significant danger to rescuers.

This standing order does **NOT** apply to patients with **any** of the following conditions.

- Any patient where the history and primary survey are questionable regarding the time of death or possibility of resuscitation
- Drowning with submersion less than one hour
- Prolonged cold exposure where the patient's tissues are not frozen

Resuscitation must be started on all patients who are found apneic and pulseless, UNLESS:

- The emergency care providers are presented with a valid Do Not Resuscitate order.
- There is an injury that is obviously incompatible with life. Examples are decapitation or burned beyond recognition.
- The victim shows signs of rigor mortis (in a warm environment), dependent lividity, or decomposition.
- Mechanism of injury is blunt trauma and the victim has no vital signs, no signs of life such as breathing activity or movement, and asystole on the cardiac monitor. SEE TRAUMA MANAGEMENT PROTOCOL
- If the cardiac arrest occurs after the arrival of EMS personnel, patient transport should be discussed with medical control after ALS measures have been initiated. Once started, resuscitation efforts must be continued until the resuscitation is terminated by an on-line medical control.
- **In coordination with on-line medical control in other unique circumstances.**

When **all** of the following circumstances exist, resuscitation may be stopped prior to hospital arrival:

- Resuscitative efforts have been tried for a reasonable period of time.
- There has NOT been any sustained return of spontaneous circulation (ROSC).

- The patient does NOT have spontaneous respiration; eye opening, motor response, or other continued neurologic activity at the time stopping resuscitation is contemplated.
- **EMS providers and the medical control physician must be in agreement concerning termination of resuscitation.**

The following shall apply to all patients not fitting the above conditions:

- During performance of the primary survey:
 - Obtain as much detailed history as possible from witnesses, bystanders, etc., regarding the illness or injury
 - Determine if there is an active DNR or Advance Directives.
 - Determine as accurately as possible the time of death.
 - Determine any signs of life or recent signs of life, i.e.:
 - Is there an audible heartbeat?
 - Is the skin warm or cold?
 - Is rigor mortis or stiffening of the joints and tissues present?
- If you feel that the above conditions apply to your situation, radio medical control and report the above noted findings. Request **PHYSICIAN AUTHORIZATION TO NOT PERFORM RESUSCITATION.**
- Immediately notify coroner of all patients that are pronounced dead in the field. In most cases transport should be arranged by the coroner. In special circumstances EMS staff may aid in body transport.

ADULT

PEDIATRIC

EMT-BASIC PROVIDER

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- Institute BLS (including AED use), immediately call for ALS intercept if not already on scene.
- Rapid Transport if ALS not available.

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EMT-INTERMEDIATE PROVIDER

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- Attach monitor and verify asystole in two leads.
- Follow above criteria.
- If in doubt begin resuscitation and contact medical control.

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EMT-PARAMEDIC PROVIDER

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- Follow as above.

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