

**4108****Do Not Attempt Resuscitation  
Discontinue Resuscitation****Treatment Protocol**Last Reviewed: **October 4, 2022**Last Revised: **July 1, 2025****BLS Patient Management**

- **Do Not Attempt Resuscitation**

Do not attempt or continue resuscitation when one or more of the following are present:

1. Mass casualty incident patient who remains apneic despite manual airway maneuvers
2. Apneic and pulseless with rigor mortis and/or postmortem lividity
3. Decapitation
4. Generalized decomposition or incineration
5. Separation of brain, heart, or lungs from body
6. Apneic and pulseless with total abdominal evisceration
7. Complete transection of torso
8. A valid, signed, and dated advance directive (DNR/POLST/DNR medallion/Final Attestation Form) indicating that resuscitation is not desired.
9. Neonates delivered before 22 weeks gestation **WITH** no signs of life.
  - If unknown gestational age look for:
    - Eyelids fused shut
    - Foot length less than 40 mm (1.5 inches)
    - Transparent skin
    - Weight less than 2 pounds
    - Low muscle tone

- **Following Prehospital Determination of Death**

When the decision not to attempt/to discontinue resuscitation has been made at scene:

1. Leave the body as found/as last positioned during resuscitation
2. Leave the scene without further disturbance/invasive medical devices left in place
3. Comfort and care for survivors
4. Notify local law enforcement (LE) of prehospital determination of death
5. Contact the County of Riverside Coroner's Office, give report, and answer all applicable questions
6. Arrange for the Coroner's Office to receive a copy of the completed ePCR/PCR

**ALS Patient Management**

- **Do Not Attempt Resuscitation**

In addition to the criteria listed in BLS Patient Management, do not attempt, or continue resuscitation, when one or more of the following are present:

1. Blunt traumatic arrest with persistent asystole, agonal rhythm, or PEA at a rate less than 40
2. Penetrating traumatic arrest with persistent asystole, agonal rhythm, or PEA at a rate of less than 40, and absence of signs of life.

- **Discontinue Resuscitation**

Discontinue resuscitation when return of spontaneous circulation (ROSC) is not achieved in a medical cardiac arrest after a minimum of twenty (20) minutes of high performance (HP) CPR and the checklist below has been completed:

- IV or IO Access has been established;
- Airway has been successfully managed with clinically indicated airway device;
- Rhythm-appropriate medications and defibrillations have been administered according to applicable protocol with no ROSC;
- Persistent (greater than 20 min) asystole or agonal rhythm is present and reversible causes are identified and treated as clinically indicated with no positive neurologic response or ROSC;
- Patient's rhythm is not refractory VF or VT;
- Failure to establish spontaneous circulation (palpable pulse) at any point in the arrest

**DISCONTINUING RESUSCITATION OF A PEDIATRIC PATIENT REQUIRES A BASE HOSPITAL PHYSICIAN ORDER (BHPO).**

7. May remove invasive medical devices at the direction of the Coroner's Office
8. Remain at scene until released by LE
9. Include these details on the ePCR/PCR:
  - a) Location of the body
  - b) All recorded times
  - c) History, medications, time of death, circumstances, and description of any advance directive/DNR/POLST/DNR medallion
  - d) Identification of the local law enforcement officer at scene
  - e) Identification of the coroner's investigator who received report and coroner's case number
  - f) Disposition of the body, if determined while you are still at scene

**10. When the decision not to attempt/to discontinue resuscitation has been made during transport**

- a) Stop in a safe location without crossing county lines
- b) Comfort and care for any survivors present
- c) Contact the County of Riverside Coroner's Office, give report, and answer all applicable questions
- d) Follow the Coroner's directions for:
  - Disposition
  - Notification of local law enforcement
- e) Complete ePCR/PCR as described above

Contact a single base hospital (**BH**) and/or the Coroner's Office as needed for guidance in unusual circumstances