



## Termination of Resuscitation for Adult Traumatic Cardiopulmonary Arrest

The National Association of EMS Physicians and American College of Surgeons Committee on Trauma

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# POSITION STATEMENT

## TERMINATION OF RESUSCITATION FOR ADULT TRAUMATIC CARDIOPULMONARY ARREST

The National Association of EMS Physicians and American College  
of Surgeons Committee on Trauma

### ABSTRACT

The National Association of EMS Physicians (NAEMSP) and the American College of Surgeons Committee on Trauma (ACS-COT) believe that emergency medical services (EMS) systems should have protocols that allow EMS providers to terminate resuscitative efforts for certain adult patients in traumatic cardiopulmonary arrest. This document is the official position of the NAEMSP and ACS-COT. **Key words:** termination of resuscitation; trauma; cardiopulmonary arrest; position statement; NAEMSP; ACS-COT.

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The National Association of EMS Physicians (NAEMSP) and the American College of Surgeons Committee on Trauma (ACS-COT) believe that:

- A principal focus of emergency medical services (EMS) treatment of trauma patients is efficient evacuation to definitive care, where major blood loss can be corrected. Resuscitative efforts should not prolong on-scene time.
- EMS systems should have protocols that allow EMS providers to terminate resuscitative efforts for certain adult patients in traumatic cardiopulmonary arrest.

- Termination of resuscitation may be considered when there are no signs of life and there is no return of spontaneous circulation despite appropriate field EMS treatment that includes minimally interrupted cardiopulmonary resuscitation (CPR).
- Protocols should require a specific interval of CPR that accompanies other resuscitative interventions. Past guidance has indicated that up to 15 minutes of CPR should be provided before resuscitative efforts are terminated, but the science in this regard remains unclear.
- Termination-of-resuscitation protocols should be accompanied by standard procedures to ensure appropriate management of the deceased patient in the field and adequate support services for the patient's family.
- Implementation of termination-of-resuscitation protocols mandates active physician oversight.
- Termination-of-resuscitation protocols should include any locally specific clinical, environmental, or population-based situations for which the protocol is not applicable. Termination of resuscitation may be impractical after transport has been initiated.
- Further research is appropriate to determine the optimal duration of CPR prior to terminating resuscitative efforts.

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National Association of EMS Physicians and American College of Surgeons Committee on Trauma

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