Withholding or Withdrawing Resuscitative Efforts

1. If there are any concerns about withholding resuscitation, contact medical control. To withdraw resuscitation that has started, follow protocols and/or contact medical control. Contact should be established via radio or phone.
2. Provide emotional support to significant others.
3. Patient disposition according to local and county requirements.
4. Document date and time of pronouncement in the patient care report.
5. Document thoroughly all circumstances surrounding the use of this protocol.

EMS personnel may withhold or cease resuscitative efforts in the following circumstances:
- There is a risk to the health and safety of EMS personnel
- Resources are inadequate to treat all patients (i.e., mass casualty situations)
- Death has been declared by a physician, Medical Examiner or coroner
- Valid DNR orders
- A child (less than 18 years), where a Court Order is provided to EMS personnel indicating that CPR is not to be commenced
- Patient with trauma who meets criteria to not start resuscitation. Injuries/presentations incompatible with return to life. Patient meets criteria to terminate resuscitation (see protocols Cardiac Arrest and Traumatic Cardiac Arrest)

DNR Orders
Patients who are NOT in respiratory or cardiac arrest should receive supportive/comfort care en route to the hospital.
DO NOT WITHHOLD OXYGEN AND MEDICATIONS (e.g., analgesia, sedation, antiarrhythmics or vasopressors) unless these are included in the order.
1. Confirm the validity of the DNR:
   - An intact State of Wisconsin DNR Wrist Band/Bracelet on the patient.
   - A State of Wisconsin DNR form properly filled out.
   - Another State’s form properly filled out expressing patient’s desire for no CPR.
2. If the DNR order is valid, withhold resuscitative efforts. Follow any orders found on the DNR order. If an original or photocopied DNR form is not presented or it is not appropriately executed, contact medical control.
3. If resuscitation was begun prior to the DNR form being presented, stop resuscitation after order validity is confirmed.
4. Contact medical control and explain the situation; follow any orders received.
Injuries/presentations incompatible with life
Irreversibly dead patients are those found to be non-breathing, pulseless and have any of the following injuries and/or long-term indications of death:
- Decapitation
- Decomposition
- Thoracic/abdominal transection
- Mummification/purification
- Rigor mortis without hypothermia
- Profound dependent lividity
- Incineration
- Prolonged frozen state (see cold emergencies protocol)
1. DO NOT start CPR for these patients.

Power of Attorney for Healthcare / Living Wills
If someone represents themselves as having a Power of Attorney to direct medical care of the patient and/or a document referred to as a living will is presented; follow these procedures:
1. Begin or continue medical treatment.
2. Living wills may not be honored by EMS personnel without a valid DNR order. Contact medical control and explain the situation; follow any orders received.
3. If a Power of Attorney for healthcare document is presented by the agent, confirm that the document is in effect and covers the current situation. If yes, honor the agent’s instructions. If there are any doubts concerning the living will or power of attorney, continue treatment, contact medical control, explain the situation and follow orders received.
4. Bring any documents received to the hospital.

Hospice patients not in cardiac/respiratory arrest.
If patients are registered in a hospice program, initiate BLS care and contact medical control for orders on treatment and disposition. Inform medical control of the presence of written treatment and/or valid DNR orders.