

R01: Commencing and Withholding Resuscitation

Clinical Medical Programs

Updated:
Reviewed:

Introduction

This guideline has been designed to provide information to paramedics and EMRs on the holistic aspects of cardiac arrest management – specifically, when to commence and withhold resuscitation.

Beginning CPR

In cases of cardio-pulmonary arrest, start CPR in accordance with the following clinical practice guidelines:

- → [N02: Adult cardiac arrest](#)
- → [M06: Pediatric cardiac arrest](#)
- → [M09: Neonatal resuscitation](#)
- → [N04: Traumatic cardiac arrest](#)

Withholding CPR

In some circumstances, it is appropriate to withhold CPR. These circumstances include:

- When the patient exhibits obvious signs of death, such as
 - Putrefaction and decomposition
 - Hypostasis (lividity) or rigor mortis (whole body)
- When the patient has sustained injuries that are incompatible with life, such as
 - Decapitation
 - Cranial and cerebral destruction
 - Hemitorporectomy (transection)
 - Incineration
 - Fetal maceration
- Where performing CPR may endanger the life, health, or safety of paramedics or EMRs/FRs.
- Where a lawful direction to withhold CPR has been provided to paramedics or EMRs. This may include documentation such as an advanced directive, medical order for scope of treatment (MOST), a No CPR form, or the presence of a No CPR MedicAlert bracelet or necklace.

If at any stage paramedics or EMRs are unclear about the criteria for withholding CPR in a specific case, CPR should be started and [consultation with OnCall should be sought](#) to discuss the options.

References

1. Grunau B, et al. Comparing the prognosis of those with initial shockable and non-shockable rhythms with increasing durations of CPR: Informing minimum durations of resuscitation. 2016. [\[Link\]](#)
2. Grunau B, et al. External validation of the universal termination of resuscitation rule for out-of-hospital cardiac arrest in British Columbia. 2017. [\[Link\]](#)
3. Grunau B, et al. Gains of continuing resuscitation in refractory out-of-hospital cardiac arrest: a model-based analysis to identify deaths due to intra-arrest prognostication. 2017. [\[Link\]](#)
4. Morrison LJ, et al. Validation of a rule for termination of resuscitation in out-of-hospital cardiac arrest. 2006. [\[Link\]](#)
5. Reynolds JC, et al. Association between duration of resuscitation and favorable outcome after out-of-hospital cardiac arrest: implications for prolonging or terminating resuscitation. 2016. [\[Link\]](#)

