

Stopping CPR
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When should you stop CPR and pronounce Death? It is difficult to know when to stop. It doesn't make sense to "save" someone who has 0% chance of neurologically intact recovery. Resource allocation is key consideration. ROSC (return of spontaneous circulation) does not equal neurologically intact survival.

We should ask the question:

1. When does a patient undergoing CPR have a 0% chance of neurologically intact outcome or survival to discharge?

Hard data exists to answer this question!

3 Studies that provide us with the hard evidence:

1. *"Implementation of the universal BLS termination of resuscitation rule in a rural EMS system"*
 - a. 3 criteria for 0% survival: (must all be present)
 - i. non-EMS witnessed arrest
 - ii. Non-shockable rhythm
 - iii. No ROSC prior to transport
2. *"Early identification of patients with out of hospital cardiac arrest with no chance of survival and consideration for organ donation"*
 - a. 3 criteria for 0% survival: (must all be present)
 - i. non-EMS witnessed arrest
 - ii. Non-shockable INITIAL rhythm
 - iii. No ROSC after 3 doses of epinephrine
3. *"Duration of Prehospital Cardiopulmonary Resuscitation and Favorable Neurological Outcomes for Pediatric Out-of-Hospital Cardiac Arrests: A Nationwide, Population-Based Cohort."*
 - a. 13,000 pediatrics patients showed < 1% survival after:
 - i. 46 minutes of CPR (max time we should run a pediatric code)