

MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

Marc Elrich

County Executive

Scott E. Goldstein *Fire Chief*

MEMORANDUM

March 6, 2020

TO: All MCFRS EMS Clinicians

FROM: Roger M. Stone MD, MS

MCFRS Medical Director, Office of Medical Oversight (OMO)

SUBJECT: Criteria for Termination of Resuscitation (TOR)

The Office of Medical Oversight (OMO) has noticed an uptick in the number of patients whose resuscitations are being terminated prematurely. These TORs are occurring outside of the requirements set forth in the Maryland Medical Protocols for EMS Clinicians.

There is no mechanism for an online physician to provide authorization to terminate the resuscitation of a patient who does not meet TOR criteria. TOR criteria are:

- Medical patients must have received 15 2-minute cycles of CPR and either be in asystole or be in another rhythm with an ETCO2 of less than 15mmHg
- Trauma Patients must be in asystole *or* have received 5 2-minute cycles of CPR focused on treatment of reversible causes of the arrest

The TOR criteria were carefully constructed to ensure that you do not terminate resuscitation of a patient until it is futile. Futility is defined as less than 1% survival and TOR is evidence-based.

Resuscitations may be discontinued outside the above tenets of TOR when:

- It is discovered that a patient meets pronouncement of death criteria, for example, rigor mortis or injuries incompatible with life are noticed after the resuscitation has begun (does not require consultation); or,
- It is discovered that a patient's wishes were not to be resuscitated and an online physician issues a verbal DNR (requires consultation for the verbal DNR)

Online physicians should only be asked to issue verbal DNR orders when clear and compelling evidence exists that the patient wanted DNR status. This evidence may include, but is not limited to, written documentation, verbal communication from family, notes in a chart, etc.

Obtaining a verbal DNR *may not* be used to terminate a resuscitation based on the clinician's opinion that the resuscitation is futile. A consulting physician is not positioned to make an informed decision about futility over the radio.

Any questions regarding this memo should be directed to my office.

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