Clinical Practice Guidelines:
Resuscitation/General guidelines

Policy code	CPG_RS_RGG_0123
Date	January, 2023
Purpose	To provide general guidelines for the consistent management of.resuscitation.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	January, 2026
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

While the QAS has attempted to contact all copyright owners, this has not always been possible. The QAS would welcome notification from any copyright holder who has been omitted or incorrectly acknowledged.

All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

Disclaimer

The Digital Clinical Practice Manual is expressly intended for use by appropriately qualified QAS clinicians when performing duties and delivering ambulance services for, and on behalf of, the QAS.

The QAS disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this manual, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

Resuscitation – General guidelines

January, 2023

Commencement of cardio-pulmonary resuscitation

In cases of cardio-pulmonary arrest, cardio-pulmonary resuscitation (CPR) must be commenced in accordance with the relevant guidelines set out in the following Clinical Practice Guidelines (CPG) unless authorisation to withhold CPR has been confirmed (see below – 'withholding CPR'):

- *CPG: Resuscitation/Resuscitation – Adult (Non-traumatic)*
- *CPG: Resuscitation/Resuscitation – Newborn*
- *CPG: Resuscitation/Resuscitation – Paediatric (Non-traumatic)*
- *CPG: Resuscitation/Special circumstances*
- *CPG: Resuscitation/Traumatic*

The *QAS Clinical Consultation and Advice Line* must be contacted no later than 15 minutes from commencement of QAS administered CPR for case specific clinical management advice in the following patient cohorts:

- Patients less than 18 years of age
- Hypothermia (temperature less than 32°C)
- Suspected toxicology/toxinology cause
- Post QAS fibrinolysis administration
- Pregnancy (clinically apparent)
- STEMI diagnosed by 12-Lead ECG prior to cardiac arrest
- Suspected pulmonary embolism (PE)
- Evidence of CPR induced consciousness.

Using bystanders to perform CPR

In some circumstances it may be appropriate to use bystanders to perform cardiac compressions. This can assist ambulance clinicians by allowing them to perform other clinical tasks required for the patient, especially when there is only a single responder or single crew on scene.

When a bystander is providing assistance, the ambulance clinician must ensure that the bystander is:

- able and willing to assist in performing cardiac compressions; and
- suitably trained or able to demonstrate appropriate technique under QAS guidance and supervision.

Bystanders assisting with CPR must be provided with personal protective equipment (PPE) that is appropriate in the circumstances.

Withholding cardio-pulmonary resuscitation

It is appropriate to withhold CPR in any of the following circumstances:

- Where the patient is exhibiting obvious signs of death such as:
  - decomposition;
  - putrefaction
  - hypostasis; and/or
  - rigor mortis

- Where the patient has sustained injuries that are totally incompatible with life such as:
  - decapitation;
  - cranial and cerebral destruction;
  - hemicorporectomy (or similar massive injury);
  - incineration;
  - fetal maceration.
- Where performing CPR may endanger the life, health or safety of the ambulance clinician.
- Where the patient has **not requested** the administration of life-sustaining treatment, and the ambulance clinician **believes on reasonable grounds** that the patient has self-administered or has been administered a voluntary assisted dying substance in accordance with the provision of the *Voluntary Assisted Dying Act 2021* (Qld).
- Where a lawful direction to withhold CPR has been provided to the ambulance clinician *(see below)*.

Withdrawing cardio-pulmonary resuscitation and other life-sustaining measures

Cardio-pulmonary resuscitation and assisted ventilation are 'life-sustaining measures' as defined in both the *Powers of Attorney Act 1998* (Qld) and the *Guardianship and Administration Act 2000* (Qld).

> *A life-sustaining measure is health care intended to sustain or prolong life and supplants or maintains the operation of vital bodily functions that are temporarily or permanently incapable of independent operation.*[1]

The *Powers of Attorney Act 1998* and the *Guardianship and Administration Act 2000* provide a legislative framework for decisions regarding life-sustaining measures, including decisions to withhold, or if commenced, to withdraw, cardio-pulmonary resuscitation, assisted ventilation, and other life-sustaining measures. The framework involves three possible pathways:

(i) A decision made in advance by the patient in an Advance Health Directive[2]

(ii) A decision made by the patient's guardian or attorney[3]

(iii) A decision made by the patient's health provider in an acute emergency (see below for explanation of 'health provider' for this purpose)[4]

(i) Patient Decision (Advance Health Directive)

Life-sustaining measures can be withheld, or if commenced, immediately withdrawn, if the patient has made an *Advance Health Directive* giving direction to withhold or withdraw the *specific* life-sustaining measure that is required, and to do so in the *precise* clinical circumstances that have arisen.

NOTE: For a direction to withhold or withdraw a life-sustaining measure specified in the patient's Advance Health Directive to apply, the following CONDITIONS must first be satisfied:

- The patient has impaired decision making capacity at the time the life-sustaining measure is required;[5] and
- There is no reasonable prospect that the patient will regain capacity to make decisions about health matters;[6] and
- The patient is suffering from one of the following conditions:[7]
  - a terminal illness or condition that is incurable or irreversible and, in the opinion of a doctor treating the patient, and one other doctor, the patient may reasonably be expected to die within one year;

- a persistent vegetative state involving severe and irreversible brain damage;
- permanently unconscious and has brain damage so severe that there is no reasonable prospect of the patient regaining consciousness; or
- an illness or injury of such severity that there is no reasonable prospect of recovery.

The ambulance clinician should sight the original or a certified copy of the patient's Advance Health Directive and documentary evidence of, or be informed by the patient's treating medical practitioner, that the conditions (as set out in the *Powers of Attorney Act* and referred to above) have been satisfied.

(ii) Patient's Attorney or Guardian's Decision

Life-sustaining measures can be withheld, or if commenced, immediately withdrawn, if the patient's tribunal appointed guardian or attorney (appointed health attorney or statutory health attorney) provides consent to withhold or withdraw the life-sustaining measure.[8]

NOTE: *Consent to withhold or withdraw life-sustaining measures provided by an attorney or guardian cannot operate unless the ambulance clinician reasonably considers that the commencement or continuation of the life-sustaining measure for the patient would, having regard for all the circumstances, be inconsistent with good medical practice.*[9]

See below for definition of 'good medical practice'. Ambulance clinicians must consult with the *QAS Clinical Consultation and Advice Line* for direction if in doubt regarding whether the guardian or attorney's direction/consent to withhold or withdraw life-sustaining measures is consistent with good medical practice.

Good Medical Practice

Decisions to withhold or withdraw CPR and other life-sustaining measures that are made by the patient's attorney or guardian, and those made by the patient's health provider, MUST be consistent with good medical practice. Good medical practice is determined in the context of the patient's clinical circumstances and the location of the patient at the time.

The *Powers of Attorney Act 1998* and the *Guardianship and Administration Act 2000* define good medical practice as that which has regard for:

- the recognised medical standards, practices and procedures of the medical profession of Australia, and [10]
- the recognised ethical standards of the medical profession in Australia. [11]

(iii) Health Provider's Decision (Acute Emergency)

Life-sustaining measures can be withheld, or if commenced, immediately withdrawn, if a direction is issued by the patient's health provider in circumstances where:

- the commencement or continuation of cardio-pulmonary resuscitation or another life-sustaining measure would be inconsistent with good medical practice; and
- consistent with good medical practice, the decision to withhold or withdraw the life-sustaining measure should be taken immediately. [12]

Note: The 'health provider' for the purpose of this CPG and this section is:

- the patient's treating medical practitioner
- a QAS medical practitioner (QAS medical director or ambulance medical officer)

- a QAS Critical Care Paramedic (CCP) authorised by the QAS medical director and credentialled to work on the *QAS Clinical Consultation and Advice Line*
- the attending ambulance clinician, but only when making decisions in accordance with the QAS rapid or general discontinuation criteria *(see below)*.

Discontinuation of Cardio-pulmonary Resuscitation in an Acute Emergency

Ambulance clinicians may withdraw cardio-pulmonary resuscitation in an acute emergency if the clinical criteria listed for either the general discontinuation or rapid discontinuation, exists.

General Discontinuation Criteria

Cardio-pulmonary resuscitation must be administered by the ambulance clinician/s for a period of no less than 20 continuous minutes after which resuscitation may be discontinued independently (without discussion with the *QAS Clinical Consultation and Advice Line*) if ALL the following clinical criteria are met:

ACP2 Paramedics [13]

- No return of spontaneous circulation (ROSC) at any stage during resuscitation; and
- Cardiac arrest was not witnessed by QAS personnel; and
- No shockable rhythm at any stage during resuscitation.

CPP Paramedics

- No return of spontaneous circulation (ROSC) at any stage during resuscitation;
- Cardiac arrest was not witnessed by QAS personnel; and
- No shockable rhythm at the time when the decision to discontinue resuscitation is made.

If the patient does not meet the above criteria the *QAS Clinical Consultation and Advice Line* must be contacted to discuss case specific clinical management.

Rapid Discontinuation Criteria

Cardio-pulmonary resuscitation may be discontinued before 20 continuous minutes if ALL of the following clinical criteria are present:

- the patient was observed to be unconscious, unresponsive to stimuli, not breathing and pulseless for at least 10 minutes prior to the arrival of the ambulance clinician;
- no CPR was provided during this period;
- the patient is exhibiting signs of life extinct *(see below)*; and
- the patient's cardiac rhythm is asystole OR a broad PEA < 40/minute.

Documents that may be available at the scene

In addition to enduring documents such as an Advance Health Directive, a range of clinical documents may be available and provided to the ambulance clinician at the scene. For example, an Acute Resuscitation Plan (ARP) Statement of Choices or other documents that include clinical information and medical directions provided by the patient's treating medical practitioner. The ambulance clinician should confirm that the relevant documents are current and applicable in the clinical circumstances.

A Queensland Health ARP will include the following information: clinical assessment; capacity assessment and diagnosis; the patient's expressed wishes regarding resuscitation (if known); a resuscitation plan with information about the treatment that should be provided or withheld in the event of an acute deterioration; medical authorisation for that treatment; and details regarding any consent that was obtained from the patient or the patient's attorney or guardian when the ARP was completed.

The information provided in the ARP (and other clinical documents if completed to the same comprehensive standard), will assist the ambulance clinician when determining if a lawful direction to withhold or withdraw a life-sustaining measure, in accordance with the CPG, exists.

- Patient Decision (Advance Health Directive): evidence that the conditions required under the *Powers of Attorney Act* and set out in this CPG, have been satisfied.
- Attorney or Guardian's Decision: evidence that the consent provided by the patient's attorney or guardian to withhold or withdraw life-sustaining measures, is not inconsistent with good medical practice.
- Health Provider Decision: evidence in support of the decision that the commencement or continuation of life-sustaining measures would be inconsistent with good medical practice.

QAS Documentation

The following information must be recorded in the patient's clinical record (the eARF):

If the decision is made in response to a **direction** in the patient's **Advance Health Directive**, the record must include: [14]

- the direction as it is provided in the Advance Health Directive and sighted by the ambulance clinician;
- evidence that the additional conditions (set out in the *Powers of Attorney Act* and reproduced in the CPG) have been satisfied; and
- details of the clinical assessment which would demonstrate that the direction applied in the current clinical circumstances.

If the decision is made in response to **consent** provided by the **patient's attorney or guardian**, the record must include: [15]

- the identity of the health attorney or guardian;
- specific details of life sustaining measures for which the attorney or guardian is providing consent to withhold or withdraw;
- details of the clinical assessment and clinical circumstances; and
- the opinion of the health provider that the attorney or guardian's decision to withdraw or withhold life-sustaining measures in the circumstances is consistent with good medical practice.

If the decision is made by the **ambulance clinician i**n accordance with the **QAS discontinuation criteria (acute emergency)** set out above, the record must include:

- the identity of the ambulance clinician who made the decision; and
- the clinical circumstances and clinical findings enabling the decision to withhold or withdraw life-sustaining measures in accordance with the discontinuation criteria set out in this CPG.

If the decision is made by the **patient's health provider** in an **acute emergency,** the record must include:

- the identity and contact details of the health provider; and
- the clinical circumstances enabling the decision to withhold or withdraw the life-sustaining measure on the basis of good medical practice; and to do so immediately.

Recognition of life extinct (ROLE) criteria

The following criteria must be present before a determination can be made that life is extinct:

- No palpable carotid pulse;
- No heart sounds heard for 30 continuous seconds;
- No breath sounds heard for 30 continuous seconds;
- Fixed dilated pupils; and
- No response to centralised stimuli.

There must be no clinical procedures performed following recognition of life extinct

Once it is determined that life is extinct, all resuscitation must be immediately ceased. It is unacceptable to continue resuscitation, perform any invasive procedures, or implement any form of treatment, if the performance of the procedure, or the implementation of the treatment, is for the sole purpose of affording the ambulance clinician the opportunity to acquire and/or maintain clinical competencies.

Data collection and research

All cases attended by ambulance clinicians which involve a cardiac arrest at any stage during the case, are subject to mandatory specific data collection. This includes all cases where ambulance clinicians have:

- withheld the commencement of cardio-pulmonary resuscitation;
- where resuscitation has been attempted and discontinued under the rapid or general discontinuation criteria, or
- in instances where the patient is transported to a receiving facility.

The submission of data is the responsibility of the primary patient care officer and must include the completion of a *Death and Cardiac Arrest Report Form (DCARF)* and the adherence to the following process:

- On the eARF select primary diagnosis as 'Cardiac Arrest' and complete documentation in accordance with current standards.
- Forward the physical hard copies of the relevant DCARF, eARF, and in cases where monitoring or defibrillation has been performed, a complete Mission Protocol printout, ECG rhythm strips and CORPATCH CPR SUMMARY:

Manager, Cardiac Outcomes Program
Information Support, Research & Evaluation Unit
Mail Cluster 10.1
Queensland Ambulance Service
PO Box 1425, BRISBANE, QLD 4001