Termination of Resuscitation Efforts for Children
How Do You COPE?

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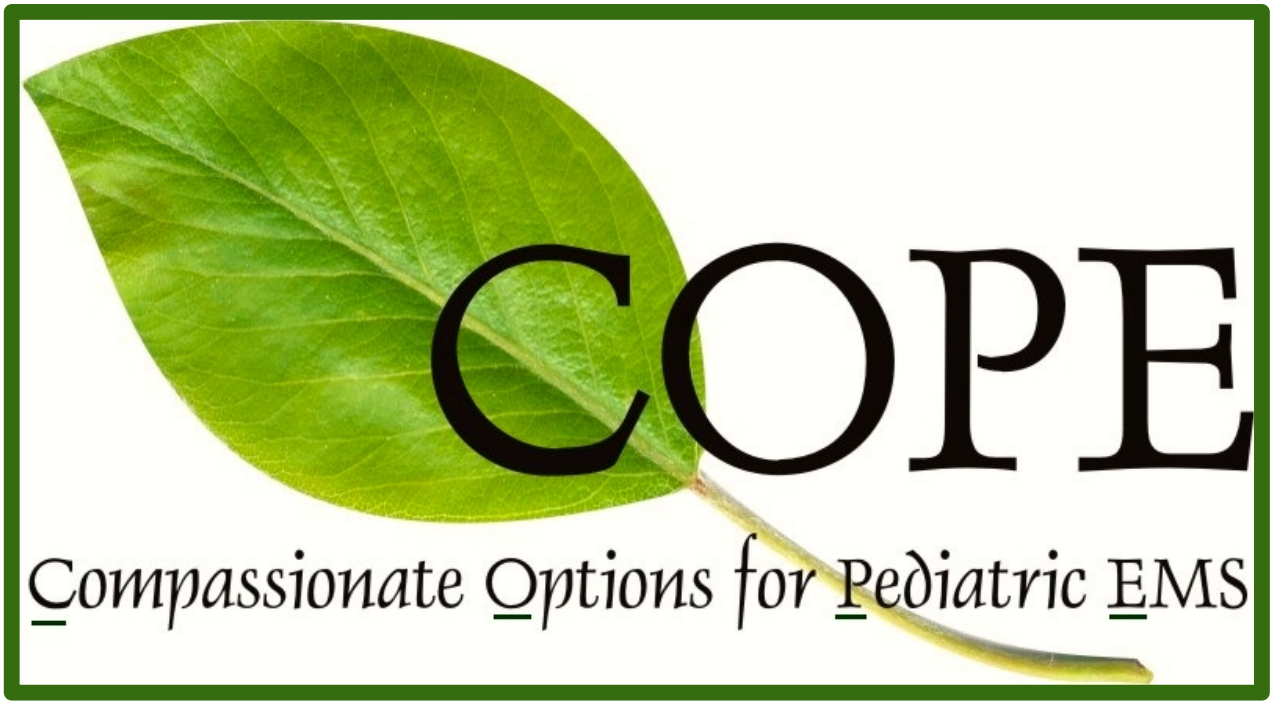
Utah State EMS Medical Director
Chair, Medical Directors Council
National Association of State EMS Officials (NASEMSO)



What is your worst nightmare for an EMS Call?

- "I went to check on my baby and he's not breathing!"
- "I heard a loud noise! They were playing with my gun! He's shot in the head! They're blood everywhere and he's not moving!"
- "I don't know how my baby got those pills! She's so blue! Is she alive? Please do something!"

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WE ALL LOVE KIDS…BUT NOT AS PATIENTS

- Do everything!
- Full code!
- Family chaos
- Can't call it at the scene (can you?)
- Lights and siren transport with CPR in progress
- Leave the responsibility for pronouncing the patient dead to the hospital

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TERMINATION OF RESUSCITATION (TOR) IN THE FIELD

- We do it for adults all the time
  - Obviously dead
  - Traumatic arrest
  - Cardiac arrest without ROSC
- But what about when the patient is a child?
  - Is field termination legal?
  - Is it advisable?
  - Will the family allow it?
  - *Will you feel good about?*

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JAMA® Journal of the American Medical Association

Distinct Criteria for Termination of Resuscitation in the Out-of-Hospital Setting

Marni J. Bonnin, MD; Paul E. Pepe, MD; Kay T. Kimball, PhD; Peter S. Clark, Jr, EMT

JAMA 1993;270(12):1457

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Pepe's Cardiac Arrest TOR Criteria

- Adult full arrest
  - No trauma
  - Normal temp
  - Not a known respiratory arrest
  - Not a known drug OD
  - **Not persistent Vfib/Vtach**
- 25 minutes of ACLS with no ROSC >5 min

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Journal of the American College of Surgeons

POSITION STATEMENT

Guidelines for Withholding or Termination of Resuscitation in Prehospital Traumatic Cardiopulmonary Arrest: Joint Position Statement of the National Association of EMS Physicians and the American College of Surgeons Committee on Trauma

Laura R Hopson, MD, Emily Hirsh, MD, Joao Delgado, MD,
Robert M Domeier, MD, FACEP, Norman E McSwain Jr, MD, FACS, Jon Krohmer, MD, FACEP

J Am Coll Surg 2003;196(1):106

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Criteria for field TOR in Adult Trauma

- No pulse/breathing/ECG flat line/fixed pupils
- Obvious death: lividity, rigor, decapitation, etc.
- 15 minutes of unsuccessful resuscitation efforts
- Excluded: drowning, hypothermia, non-traumatic cause of arrest
- Excluded: children
  - Not enough studies/data

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PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

POLICY STATEMENT

Withholding or Termination of Resuscitation in Pediatric Out-of-Hospital Traumatic Cardiopulmonary Arrest

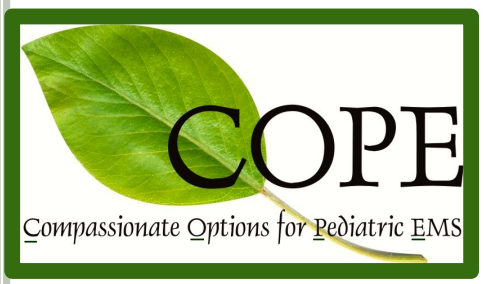
abstract

FREE

This multiorganizational literature review was undertaken to provide an evidence base for determining whether recommendations for out-of-hospital termination of resuscitation could be made for children

AMERICAN COLLEGE OF SURGEONS Committee on Trauma, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS Pediatric Emergency Medicine Committee, NATIONAL ASSOCIATION OF EMS PHYSICIANS, and AMERICAN ACADEMY OF PEDIATRICS Committee on Pediatric Emergency Medicine

Fallat M, et al. *Pediatrics* 2014;133;e1104



Criteria for field TOR in Pediatric Trauma

- No pulse/breathing/ECG flat line/fixed pupils
- Obvious death: lividity, rigor, decapitation, etc.
- 30 minutes of unsuccessful resuscitation efforts
- Excluded: lightening strike, drowning, hypothermia, non-traumatic cause of arrest

- Children with witnessed arrest, with CPR begun within 5 min, should be transported and CPR continued

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State / Agency TOR Protocols Often do not include children

- Adult guidelines: ~2/3 of states
- Pediatrics included: ~1/3 of states
  - Explicit pediatric TOR guidelines in very few states

- Content of these highly variable
- **We need better support from state EMS laws, protocols, and medical directors**

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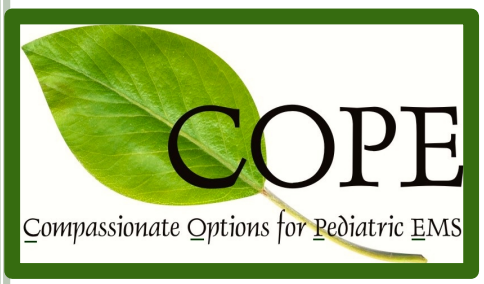
PROBLEM: EMS PROVIDERS ARE NOT WELL PREPARED TO COPE WITH THE SCENE DEATH OF A CHILD

Compassionate Options for Pediatric EMS (COPE)

Goals:

1. To develop an organized approach to a field pediatric death that equips EMS providers with the knowledge and skills to help families cope with the initial tragedy.
2. To develop training to assist EMS providers in "self help" to better cope with these events themselves



Compassionate Options for Pediatric EMS (COPE)

Funded by a federal grant from HRSA/EMS for Children

Plan:

- Develop and distribute training materials for EMS
  - Including video scenarios of pediatric deaths and guidelines for constructive family interactions
  - Based on interviews and feedback from EMS providers AND families who have lost children suddenly
- Training will be available FREE to all providers
  - On-line
  - Tablets/smartphone app

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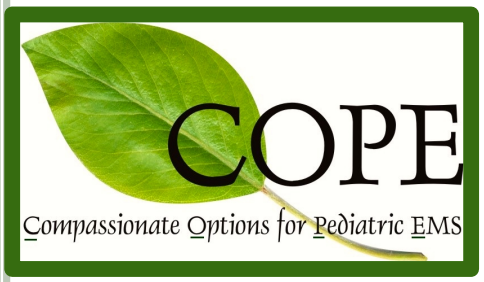
THINGS TO DO AND SAY AT THE SCENE OF A PEDIATRIC DEATH

- **Introduce yourself and your role- make eye contact**
- **Speak in a warm tone of voice and try to connect to the person**
- **Express reassurance that everything is being done to help**
- **Express sorrow that this happened: when a child dies- express sorrow that they are gone and for the family's loss**
- **Ask if there is anything you can do for them**



SOME THINGS NOT TO DAY

- I understand
- It is God's will
- It is for the best
- Your child is not suffering anymore
- There is another angel in heaven
- At least he/she did not suffer (if died in sleep or from overdose)
- Don't make small talk
- Don't leave without touching base, saying how sorry you are that the child died

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COMPASSIONATE OPTIONS FOR PEDIATRIC EMS

Principal Investigator: Mary Fallat

Team Members

Peter Taillac	**Lindsey Gumer**
Erica Sutton	**Carrie Bohnert**
Katy Henry	**Aaron Calhoun**
Rick Forest	**Beth McClure**
Lee Hagendoorn	**Anita Barbee**

Please come by our booth #35: (University of Louisville)
We need your input and feedback regarding the scenarios for training!