
A Position Statement is not a regulation of the NC Board of Nursing and does not carry the force and effect of law and rules. A Position Statement is not an interpretation, clarification, or other delineation of the scope of practice of the Board. A Position Statement is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Standard practice in the absence of a written “do not resuscitate” (DNR) order is that the licensed nurse (RN or LPN) is expected to implement the emergency policies of the agency until an order to discontinue treatment is received from the physician, nurse practitioner, or physician assistant. **In the absence of clear emergency policies addressing un-witnessed arrests, the responsibility of the nurse to initiate resuscitative measures can be guided through the following statement.**

RN & LPN Role:

1. Have professional responsibility as a patient advocate and is held accountable for providing/maintaining safe and effective nursing care and accepting responsibility for individual nursing actions, competence and behavior.
2. Have responsibility to assess and monitor a patient’s status, to communicate important information about the patient to other health care professionals, to implement appropriate interventions, and to report and record significant information in a timely manner.
3. Are encouraged to act as patient advocates by assisting patients with self-determination of their wishes and with having those decisions placed in writing.
4. Are expected to follow agency policy and provider orders related to emergency resuscitative measures and end of life directives.
5. Determination and pronouncement of death is within the legal scope of RN & LPN practice and is based upon assessment, provided the nurse has the requisite knowledge and competencies and the agency has policy/procedure that allows this.
6. Death is determined by observation of the presence or absence of signs of death. Presumptive signs of death are: unresponsive, no respirations, no pulse, pupils are fixed and dilated, hypothermia (<95.0 F), and generalized cyanosis. Conclusive signs of death include: lividity or pooling of blood in dependent body parts (livor mortis), cooling of the body following death (algor mortis), hardening of muscles or rigidity (rigor mortis), extended downtime with asystole on EKG, or injuries incompatible with life. **In order for the nurse to determine that death has occurred, at least one conclusive sign of death must be present.**
7. **In the absence of clear emergency policies addressing un-witnessed cardiac/pulmonary arrests, the licensed nurse may choose not to initiate CPR in situations where at least one conclusive sign of death has been assessed. The nurse’s documentation must include assessment findings with both the presumptive and conclusive signs identified.**

Role of Chief Nurse Administrator/Director of Nursing

1. Responsible for identifying, developing and updating policies, standards, and procedures related to nursing care.
2. Emergency policies should address witnessed and un-witnessed cardiopulmonary arrests, presence or absence of DNR orders, assessment guidelines and documentation requirements.
3. Policies should be developed in congruence with nursing law and in accordance with accepted guidelines, such as those of the American Heart Association. This serves to protect the patient from the

risk of unacceptable practices such as “slow codes” and to support the nurse in respecting a patient’s right to compassionate care and a dignified death.

References:

21 NCAC 36.0224 (b) & (j) - RN Rule

21 NCAC 36.0225 (b) - LPN Rule

Origin: 5/97

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