



DEATH and RESUSCITATION

POSITION STATEMENT
for RN and LPN Practice

A Position Statement does not carry the force and effect of law and rules but 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:

Determination and pronouncement of death is within the legal scope of Registered Nurse (RN) and Licensed Practical Nurse (LPN) practice. This is based upon nursing assessment, provided the nurse has the requisite knowledge and competencies needed to assess the presumptive and conclusive signs of death and the agency has policy/procedure that allows this activity. Certification of death is not within the scope of RN and LPN practice.

Death occurs when all vital organs and systems cease to function. Trauma and disease processes can affect physical manifestations at the end of life.

Standard nursing practice, in the absence of a written “Do Not Resuscitate” (DNR) order, is that the licensed nurse (RN or LPN) is expected to immediately implement the emergency resuscitation policies of the employing agency until an order to discontinue treatment is received from the physician, nurse practitioner, or physician assistant.

RN & LPN Role:

1. The licensed nurse has responsibility to assess and monitor a client’s status; to implement appropriate interventions including immediate initiation of CPR in the absence of a written DNR order; to communicate important information about the client to other health care professionals; and to report and record significant information in a timely manner.
2. The licensed nurse is expected to follow employing agency policy and provider orders related to emergency resuscitative measures and end of life directives.
3. **Death, in the presence of a written DNR order**, is determined when the licensed nurse has assessed that **ALL five presumptive signs of death are present**. If signs of death are at all questionable, death cannot be determined nor pronounced and the observation/assessment period must be extended until all five presumptive signs of death are present. Presumptive signs of death are:
 - unresponsiveness,
 - no respirations (apnea),
 - absence of heart sounds or of palpable carotid or femoral pulses
 - unresponsive pupils (fixed and dilated), and
 - cyanotic and cooling skin.
4. **In the absence of both a written DNR order** and clear emergency policies addressing **un-witnessed** cardiac and/or pulmonary arrests, the licensed nurse **may decide not to initiate CPR only if ALL presumptive signs AND at least ONE conclusive sign of death** are immediately and clearly evident. If all required presumptive signs AND at least one conclusive sign of death are not immediately evident, in the absence of a written DNR order or an agency policy directing otherwise, resuscitation must be started

immediately (not delayed for further assessment) and maintained until an order to discontinue treatment is received from the physician, nurse practitioner, or physician assistant. Conclusive signs of death include:

- lividity or pooling of blood in dependent body parts (livor mortis),
- cooling of the body to same as room or environmental temperature (algor mortis),
- hardening of muscles or rigidity (rigor mortis),
- extended downtime with asystole on EKG, or
- traumatic injuries incompatible with life.

5. Documentation of determination and pronouncement of death by the licensed nurse must include assessment findings detailing all five presumptive and, if identified, any conclusive signs of death.

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, anticipated/expected deaths, assessment guidelines, and documentation requirements.
3. Agency policies and procedures should clearly define RN and LPN role in determination and pronouncement of death. If agency determines that only physician, nurse practitioners, and physician assistants can determine and pronounce death, requirements and mechanisms should be clearly defined.
4. Resuscitation 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 client from the risk of unacceptable practices such as “slow codes” and to support the nurse in respecting a client’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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