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**Extraordinary Lifesaving Measures Policy Template – Will Provide CPR**

Intent

This policy is intended to outline the expectation that [Program Name’s] licensed and unlicensed care personnel who have been trained and certified in Cardiopulmonary Resuscitation (CPR) will initiate CPR when a tenant who has established a Full Code directive is found in cardiac or respiratory arrest (there is no breathing or a pulse) and clear signs of irreversible or conclusive death are not present. Additionally, CPR will not be initiated regardless of code status if initiating CPR could cause injury or peril to the rescuer (licensed or unlicensed care giver).

Definitions

* CPR – Cardiopulmonary resuscitation (CPR) is an emergency procedure performed when someone’s breathing, and/or heartbeat has stopped.
* DNR – means the tenant does not wish to have CPR initiated.
* Full Code – means the tenant wishes to have CPR initiated.
* Signs of irreversible or conclusive death – 1) lividity or pooling of blood in dependent body parts (livor mortis) 2) cooling of the body to same as room or environmental temperature (algor mortis) 3) hardening of the muscles or rigidity (rigor mortis) 4) traumatic injuries incompatible with life (decapitation, transection), or 5) decomposition.

Policy

1. Upon admission, a desired code status (Full Code or DNR) will be determined for each tenant.
2. Each tenants desired code status will be listed in their clinical record, service plan, and Medication Administration Record (MAR). Staff will be trained on [Program Name’s] practice and location of such documentation and will clearly articulate this understanding through competency evaluation.
3. Tenants will be informed at the time of admission and through their occupancy agreement of [Program Name’s] policy for initiating CPR for those with Full Code directives and their responsibility to update the Program should their desired code status change.
4. If a tenant is found in cardiac or respiratory arrest (there is no breathing or a pulse), and their code status is a Full Code, CPR will be initiated by a licensed or unlicensed care staff properly trained and certified in CPR. If a tenant is newly admitted and code preferences have not yet been shared with [Program Name], CPR will also be initiated. CPR will continue until the paramedics arrive and assume care of the tenant.
5. Licensed or unlicensed care staff will only be allowed to perform CPR once properly trained and certified in CPR. It will be the responsibility of the staff to maintain CPR certification or to inform [Program Name] of any lapse in certification.
6. [Program Name] will ensure all shifts are adequately staffed to ensure CPR is promptly initiated should the need arise.
7. CPR will not be initiated regardless of code status if initiating CPR could cause injury or peril to the rescuer (licensed or unlicensed care giver).