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**Extraordinary Lifesaving Measures Policy Template – Will Not Provide CPR**

Intent

This policy is intended to outline the expectation that [Program Name’s] licensed and unlicensed care personnel will not initiate Cardiopulmonary Resuscitation (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). If such a situation arises, [Program Name] will call 911 for emergency support unless clear signs of irreversible or conclusive death are present, in which case, the tenant’s primary physician will be notified.

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 tenant’s 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. Tenant’s will be informed at the time of admission and through their occupancy agreement of [Program Name’s] policy for not initiating CPR and calling 911 and deferring to emergency personnel to initiate such procedures for those with Full Code directives. It will also be the tenant’s 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 not be initiated by a licensed or unlicensed care staff employed by [Program Name], however, 911 will be called immediately for emergency support unless there are clear signs of irreversible or conclusive death, in which case the tenant’s primary physician will be notified. These steps will also be taken if a tenant is newly admitted and code preferences have not yet been shared with [Program Name].
5. [Program Name] will provide emergency personnel with the tenant’s code status and advanced directives, as available, upon their arrival to the Program in response to the emergency.