

## CARDIOPULMONARY RESUSCITATION (CPR)

### Policy and Procedure

#### Policy:

It is the policy of this facility to respect each resident's individual, informed decision regarding advance directives and code status. Cardiopulmonary Resuscitation (CPR) will be initiated for residents with full-code status and residents who have not declared a code status in the event of cardiopulmonary arrest. CPR will *not* be initiated for residents who have declared a no-code status.

#### Procedure:

1. In the event a resident is identified unresponsive and upon a thorough A-B-C (Airway, Breathing, Circulation) assessment determines that there is no pulse or respiratory activity and the resident has declared a full-code status, a **licensed staff member** will:
  - a. Simultaneously with the initiation of chest compressions announce a 'full-code' alert per facility policy and direct a staff member to immediately retrieve the crash cart located on the nursing unit.
  - b. Continue to administer chest compressions and rescue respirations per the American Heart Association recommendations.
  - c. Direct a staff member to contact the Emergency Response Team (911) immediately to inform them of a full-code requiring life support interventions and possible transportation to the emergency department.
  - d. Direct a member of the response team to contact the attending physician and responsible party/DPOA/guardian. This staff member shall also complete a hospital transfer sheet including a copy of advance directives/code status and make these documents available to Emergency Response Personnel.
  - e. Identify a member of the response team to be responsible for documenting the time of each intervention and resulting response.
  - f. Facility staff shall defer all resuscitation efforts to Emergency Response Personnel once they arrive at the location and declare that they will assume the responsibility of maintaining life support interventions.
  - g. The licensed staff member initiating the full-code shall review the documentation of events that occurred, the actions initiated and the resulting response to each intervention. Any necessary additions and/or clarifications added to the documentation must be done in a manner consistent with the facility documentation policy.
  - h. Documentation shall be placed in the medical record of the involved resident.

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

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