



KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

ROLE OF NURSES IN RESUSCITATION

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice.

Opinion: Role of Nurses in Resuscitation

Approved Date: 2/2008

Reviewed: 3/2013

Accountability and Responsibility of Nurses

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Rationale for Advisory Opinion

The Kentucky Board of Nursing has received multiple inquires on the role of nurses in the implementation of Do Not Resuscitate (DNR) orders, resuscitation with a DNR order, the implications of a documented advance directive without a DNR order from a prescriber and the circumstances in which resuscitation does not have to be initiated when there is no DNR order.

Advisory Opinion

The Board has addressed portions of these inquiries in the past. In February 2003, it was the advisory opinion of the Board that a nurse would not start CPR when:

- There is a valid order for the patient not to attempt resuscitation in the event of an apparent cardiac/pulmonary arrest [absence of pulse and respirations, determined by assessment using inspection, palpitation and auscultation]; these are often referred to as “do not attempt resuscitation” (DNAR) or “do not resuscitate” (DNR) orders;
- Obvious signs of death are present. The most reliable are: dependent livido [general bluish discoloration of the skin as in pooling of blood in dependent body parts]; rigor mortis [hardening of muscles or rigidity]; algo mortis [cooling of the body following death]; and injuries that are incompatible with life.

Implementing Resuscitation with a DNR Order

The issue of implementing resuscitation when there is a DNR order is addressed in the American Nurses Association’s *Code of Ethics for Nurses*, section 1.4. It says in part:

Respect for human dignity requires the recognition of specific patient rights, particularly, the right of self-determination. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete and understandable information in a manner that facilitates an informed judgment; to be assisted in weighing the benefits, burdens and available options in their treatment, including the choice of no treatment; to accept, refuse or terminate treatment...

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

This accountability would include the responsibility of knowing the code status of the nurse’s assigned patients. Nurses are accountable in an emergency to resuscitate individuals who are present in the practice setting for the purpose of receiving care, unless either of the situations from the previous opinion are present.

Should the nurse have moral or religious objections to the Do Not Resuscitate order, the nurse is responsible for communicating those objections to the patient/surrogate and the nurse’s supervisor and facilitating the transfer of patient care to another care provider, in order to honor the patient/surrogate’s wishes.

Advance Directives

KRS 311.621 through KRS 311.643 , *Kentucky Living Will Directive Act*, provides the statutes related to advance directives within the state. If a patient has an advance directive or living will, it would come into effect when one of three conditions apply (KRS 311.625): (1) the patient no longer has decisional capacity; (2) the patient has a terminal condition; or (3) the patient becomes permanently unconscious. In such situations, the wishes of the patient as expressed through the advance directive or living will would take precedence over a DNR order.

KRS 311.623(2) states:

Except as provided in KRS 311.633, a living will directive made pursuant to this section shall be honored by a grantor's family, regular family physician or attending physician, and any health care facility of or in which the grantor is a patient.

KRS 311.633 (1) and (2) states:

(1) It shall be the responsibility of the grantor or the responsible party of the grantor to provide for notification to the grantor's attending physician and health care facility where the grantor is a patient that an advance directive has been made. If the grantor is comatose, incompetent, or otherwise mentally or physically incapable, any other person may notify the attending physician of the existence of an advance directive. An attending physician who is notified shall promptly make the living will directive or a copy of the advance directive a part of the grantor's medical records.

(2) An attending physician or health care facility which refuses to comply with the advance directive of a patient or decision made by a surrogate or responsible party shall immediately inform the patient or the patient's responsible party and the family or guardian of the patient of the refusal. No physician or health care facility which refuses to comply with the advance directive of a qualified patient or decision made by a responsible party shall impede the transfer of the patient to another physician or health care facility which will comply with the advance directive. If the patient, the family, or the guardian of the patient has requested and authorized a transfer, the transferring attending physician and health care facility shall supply the patient's medical records and other information or assistance medically necessary for the continued care of the patient, to the receiving physician and health care facility.

Nurses caring for patients with a documented advance directive in the medical record are required to honor those directives, unless they have complied with KRS 311.633(2).

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Approved: 2/2008

Reviewed: 3/2013

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the RN and LPN guidelines may be downloaded from the Board's website

[http://kbn.ky.gov/NR/rdonlyres/74A5FF75-543D-4E12-8839-](http://kbn.ky.gov/NR/rdonlyres/74A5FF75-543D-4E12-8839-720B7623DA87/0/ScopeDeterminGuidelines.pdf)

[720B7623DA87/0/ScopeDeterminGuidelines.pdf](http://kbn.ky.gov/NR/rdonlyres/74A5FF75-543D-4E12-8839-720B7623DA87/0/ScopeDeterminGuidelines.pdf) and a copy of the APRN guidelines may be downloaded from the Board's website

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