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 nurses provide safe and effective nursing care 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.

**Accountability and Responsibility of Nurses**

KRS 314.021(2) states: All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions based upon the individuals’ educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.
Advisory Opinion

Rationale for Advisory Opinion

The Kentucky Board of Nursing has received multiple inquiries regarding 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, pronouncement of death, and signing death certificates.

Resuscitation

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 not to attempt resuscitation of the patient 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; injuries incompatible with life or obvious signs of death are present. The most reliable obvious signs of death include general bluish discoloration of the skin as in pooling of blood in dependent body parts (dependent livido); hardening of muscles or rigidity (rigor mortis); cooling of the body following death (alg mortis).

Nurses are accountable in an emergency to resuscitate individuals who are present in the practice setting to receive care, unless either of the situations cited above are present. This accountability would include the responsibility of the nurse in of knowing the code status of the assigned patients.

Nurses with moral or religious objections to the DNR order, are 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 and Living Wills

The Kentucky Living Will Directive Act sets forth the laws pertaining 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 subsections (1) and (2) state:

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 or a medical order for scope of treatment 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 or a medical order for scope of treatment. An attending physician who is notified shall promptly make the living will directive or a copy of the advance directive or a medical order for scope of treatment a part of the grantor's medical records.

2) An attending physician or health care facility which refuses to comply with the advance directive or a medical order for scope of treatment made pursuant to KRS 311.6225 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 or medical order for scope of treatment 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 or medical order for scope of treatment. 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 documented advance directives or living wills made a part of the medical record, are required to honor those directives, unless they have complied with KRS 311.633(2).

Pronouncement of Death and Signing Death Certificates

Licensed Practical Nurses

A. It is not within the scope of licensed practical nursing to declare death or sign the provisional report of death or death certificate.

B. It is within the definition of licensed practical nursing practice in KRS 314.011(10), that a licensed practical nurse may observe, assess, notify the patient’s attending physician or advanced practice registered nurse, and receive and document verbal orders.

Registered Nurses

A. It is within the scope of registered nursing (RN) practice for an RN employed in a hospital or nursing facility to pronounce death of a patient not being artificially maintained as outlined in KRS 314.181(4). The term “maintained” as used in KRS 314.181 and KRS 446.400 is interpreted to mean that artificial respiration and circulatory support are in use and result in the patient having a heartbeat and vital signs. Therefore, if a heartbeat and vital signs are not present even in the presence of previous artificial respiration and circulatory support, and the patient is not to be resuscitated, the nurse may pronounce death. The nurse shall notify the patient’s attending physician of the death in accordance with the hospital or facility's policy.

B. In accordance with KRS 314.181(2), a registered nurse employed by an ambulance service shall determine whether a patient served by the ambulance service is dead. The registered nurse shall utilize the protocol specified by administrative regulation 201 KAR 20:420. The registered nurse shall, when responding to a patient, first attempt resuscitation, unless the protocol indicates that the patient is not capable of being resuscitated. In the event that a registered nurse employed by an ambulance service determines that death has occurred, the registered nurse shall make the notifications required by KRS 72.020 and take the protective actions required by that statute.
C. KRS 314.046 stipulates that a registered nurse may sign the provisional report of death for hospice patients. When a patient suffering from a terminal illness, whose death is anticipated and who is receiving the services of a hospice program licensed by the State of Kentucky under KRS Chapter 216B, dies at home or in a hospice inpatient program or unit, a registered nurse, licensed or privileged by the Kentucky Board of Nursing and employed by the attending hospice, and who treated the patient, may make the actual determination and pronouncement of death. The nurse shall release the body to the funeral director after having signed on the designated line the provisional report of death as furnished by the state registrar of vital statistics.

Advanced Practice Registered Nurses

A. In 2002, the Board issued an advisory opinion that it is within the scope of advanced registered nursing practice for the ARNP (APRN), qualified by educational preparation and current clinical competency, to issue orders for "do not resuscitate" …"

B. Moreover, by enactment in 2016 by KRS 213.076, a death certificate may be signed by an advanced practice registered nurse (APRN).

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

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-4E12-8839-720B7623DA87/0/ScopeDetermi{}nGuidelines.pdf](http://kbn.ky.gov/NR/rdonlyres/74A5FF75-543D-4E12-8839-720B7623DA87/0/ScopeDetermi{}nGuidelines.pdf) and a copy of the APRN guidelines may be downloaded from the Board's website [http://kbn.ky.gov/practice/Documents/APRN%20Scope%20of%20Practice%20Decision%20Making%20Model.pdf](http://kbn.ky.gov/practice/Documents/APRN%20Scope%20of%20Practice%20Decision%20Making%20Model.pdf)