When should Cardiopulmonary Resuscitation be performed?
When should you perform CPR?

- As a healthcare professional, you are tasked with the responsibility of knowing when to perform Cardiopulmonary Resuscitation or CPR on a Resident.

- Two Staff members must verify the current physician order regarding the current code status in the medical record.

- You must be able to determine immediately whether or not to perform CPR, as every second counts.

- Know your state laws regarding the ability to pronounce death. Not all states allow nurses to pronounce.
GREEN LIGHT = CPR

• When a Resident does not have a Do Not Resuscitate Order or DNR = **YOU MUST ALWAYS INITIATE CPR.**

• When a Resident does not have a signed Do Not Resuscitate Form = **YOU MUST ALWAYS INITIATE CPR.**
GREEN LIGHT = CPR

• You must always perform CPR.

• You cannot determine to stop CPR until 911 takes over or you are instructed to do so by a physician.
GREEN LIGHT = CPR

– ALWAYS - YELL FOR HELP!
  • You must call 911 or yell for someone else to call 911.
  • Have someone page CODE BLUE -3 times to the room number.
  • Ask someone to bring Emergency Equipment – such as Code Cart, Ambu Bag, Suction Machine, O2.
GREEN LIGHT = CPR

• Have someone notify the Physician of the Resident’s condition.

• Notify the family of the resident’s condition:
GREEN LIGHT = CPR

• CPR ALWAYS continues until:
  – The Resident responds.
  – The Staff are relieved by Emergency Medical Services (EMS / 911).
  – The Physician orders you to stop giving CPR.
RED LIGHT = DNR

• When a Resident has a Do Not Resuscitate Order or DNR = RED LIGHT.

• RED LIGHT = DNR = ALWAYS MEANS DO NOT GIVE CPR.
RED LIGHT= DNR

• RED LIGHT
  – Means the resident has a Do Not Resuscitate Order or DNR in his/her medical record and Cardiopulmonary Resuscitation should **NOT** be initiated by the staff.
  – **DOES NOT MEAN:**
    • You decide who receives CPR and who does not. Just because a resident may be hospice, or do not hospitalize does not mean you do not do CPR if that is their wish.
RED LIGHT = DNR

• Notify the Physician of the resident’s condition.

• Notify the Family of the resident’s condition.
GREEN LIGHT / RED LIGHT

• Documentation of events:
  – Document with date and time of event in the Resident’s medical record on the nurses’ notes.
GREEN LIGHT / RED LIGHT

• QUARTERLY (or more often) TRAINING REQUIREMENT
  – ALL Staff to be in-serviced at least every quarter (or more often) regarding

GREEN LIGHT / RED LIGHT

  – Provide documentation of inservice to RDCS
GREEN LIGHT / RED LIGHT

THE END
Resuscitate (Green Light) (or)
Do Not Resuscitate Status (DNR) – (Red Light)

AT-A-GLANCE

You must determine whether to perform CPR Immediately
TWO STAFF MEMBERS MUST VERIFY THE CURRENT
PHYSICIAN ORDER REGARDING THE CURRENT CODE STATUS
A resident does not have a DNR order/Signed DNR form is not present

GREENLIGHT – GIVE CPR !!!!

- You must perform CPR (you cannot determine to stop CPR until 911 takes over or you are instructed by a physician).
- Yell for HELP!
- You must Call 911 or yell for someone else to call 911
- Have someone Page Code Blue – 3 times to room #
- Ask someone to bring Emergency Equipment (crash cart)
- Have someone notify the physician of the resident’s condition
- Notify Family of the resident’s condition

CPR Continues until:
- The resident responds
- Staff relieved by EMS (911)
- Physician orders you to stop giving CPR
- Document date/time events in nurses’ notes and on N-302 (Code Blue Documentation)

When a resident has a DNR order

RED LIGHT - DO NOT GIVE CPR

- CPR is not initiated
- Notify Physician of the resident’s condition
- Notify Family of the resident’s condition

- Executive Director and Director of Nursing/Social Service will complete an audit of Advanced Directives WEEKLY
- Licensed Nurses must Sign CPR/DNR-ZERO TOLERANCE form and place in the employee file
- Review of CODE status of new admission and new physician orders in morning meeting
- Facility is to conduct CODE BLUE QA DRILLS monthly on each shift
- Social Services completes the ADVANCED DIRECTIVE DISCUSSION DOCUMENT on admission/re-admission and when there is a change in advanced directives. Review is to be completed a minimum of quarterly

- All Documents pertaining to code status must be:
  - Hand delivered to physician- wait for signature
  - Immediately hand delivered to the charge nurse for changing the physician orders
  - Orders to be placed immediately in the medical record
  - State specific Advanced Directive forms are to be immediately placed in the medical record

This At-A-Glance document represents a condensed version of a particular company program or system and is not a policy. Since it is not a policy, this document should not be provided to any outside agency. Additionally, the information contained in this At-A-Glance is proprietary, confidential work product and for purposes of for quality assurance processes. For further direction, please provide to the specific policy.

Revised 11/15
The following slides are intended to provoke thought and critical analysis.

Please consider each slide carefully.
Consulate Healthcare Operational Philosophy

“Do What’s Right, Every Time, All the Time”

WHAT DOES THAT MEAN TO ME?
Scenario # 1

A nursing assistant enters Mary Smith’s room, B301 and finds that she is not responding to her name. She notes that Ms. Smith’s chest is not rising and falling. She feels that her hand is cold and observes her facial coloring is quite pale.

What should the nurse’s aide do next?
ANSWER:
LOOK, LISTEN, FEEL.

CALL FOR HELP
The Nurse ARRIVES to help....

What comes next?
THE NURSE MUST CHECK THE MEDICAL RECORD FOR PHYSICIAN ORDERS REGARDING ADVANCED DIRECTIVES.
THE NEXT STEP....

DNR ABSENT ON CHART

STEP 1 CALL 911

STEP 2 TILT HEAD, LIFT CHIN, CHECK BREATHING

STEP 4 POSITION HANDS IN THE CENTER OF THE CHEST

CONTINUE WITH TWO BREATHS AND 30 PUMPS UNTIL HELP ARRIVES

STEP 3 GIVE TWO BREATHS

STEP 5 FIRMLY PUSH DOWN TWO INCHES ON THE CHEST 30 TIMES

DNR PRESENT ON CHART

CPR
There was NO DNR order located in Mary Smith’s medical record.

NO DNR ORDER = CPR
WHILE CPR IS PERFORMED....

SOMEBODY
CALL
911
CPR Initiated

Called

Code Blue team arrives
CPR continued until EMT/Rescue Personnel arrive and relived staff of their life saving responsibilities for Mary Smith.
GOOD JOB TEAM!
One morning, a seasoned and experienced nurse entered the room of Reverend Bobby Brown. The pastor had been suffering with end stage lung cancer for some time. Many church elders and family members had been participating in his care plan meetings. The Reverend and his loved ones struggled with making advanced directive decisions. The nurse had very strong feelings of compassion for this resident.
The nurse noticed that the pastor seemed to be more uncomfortable than usual today. She checked the MAR and noticed that he was due to be medicated for pain. She provided pain medication as ordered. About an hour later returned to the room to see how he was feeling.
The resident’s respirations became shallow. She touched his hands, patting them lovingly and smiled. The nurse shut the door tightly, enabling a quiet and “peaceful” rest.

TWO HOURS LATER...
During last rounds, the nurse entered Reverend Brown’s room. She noticed that he had stopped breathing. She positioned him in a dignified manner, whispering a prayer and drying a tear. The nurse obtained the medical record to call the family and the physician. She did not look to see if there was a DNR in the medical record. She KNEW that she was to act as his guardian angel for after all, he suffered and his loved ones did not understand the hopelessness of the situation.

DID SHE DO THE RIGHT THING?
The nurse should have notified the physician when the resident’s condition changed and breathing became shallow.

The nurse should have:
1. Checked the clinical record
2. Identified the full code status
3. Initiated CPR
4. Initiated Code Blue Protocol
5. Documented appropriate responses and life saving interventions
The story ends....

It is **never** okay to make life and death decisions for someone else.

Consulate employees must follow the Green Light/Red Light Policy and practice **exactly** as instructed in this presentation.

Disregarding this policy, could result in:

A. Discipline
B. Termination
C. Revocation of License
D. Law Enforcement
E. Prosecution and Incarceration
Helen Briggs came to the facility for rehabilitation after her right total hip replacement. Ms. Briggs was in her third week of therapy and had been making very good progress. One morning she seemed to suffer some mild indigestion and decided not to inform anyone. She went to the Rehab Dept. and started working her exercise routine feeling sweaty with increasing indigestion that she kept secret; “No pain, no gain” was her determined thought process.
Soon the pain became crushing and Helen became short of breath. One therapist activated the Intercom to page the supervisor STAT. Just as the supervisor entered the gym, Ms. Briggs slumped from her chair and lost consciousness.
The supervisor quickly grabbed her chart and turned to the page with physician orders. She informed the team that Helen Briggs was a “full code”. The CPR certified therapists transferred the resident in the proper position and proceeded to perform basic life support.
The Nursing Supervisor announced three times; “Code Blue Therapy Department”.

A team of professionals brought the stocked crash cart to the scene and assisted as the supervisor directed.

911 was called. Necessary parts of chart was emergently copied, ready for transport.
PARAMETRICS QUICKLY ARRIVED AND RELIEVED THE TWO STAFF MEMBERS PROVIDING CPR.
Helen Briggs not only survived, she returned to the facility and completed all her rehabilitation objectives.
Douglas Jones was struggling with constipation. The MAR reflected a laxative given the night before the memorable event. One nursing assistant recalled him finishing all of his prune juice that morning. His nurse administered a suppository according to policy. Two CNA’s assisted him to the bathroom about 15 minutes after insertion. They both remained with him and spoke of how he pushed down and his face turned red, …then slumped over unconscious moments later.
One CNA remained in the bathroom with the resident. Mr. Jones was wearing a turtle neck sweater but no bottoms. The other Aide seized a nurse standing in the hallway. The nurse grabbed the crash cart and ran into the room. The three healthcare workers quickly transferred the resident off the commode to the floor. They were ready to provide basic life support.
The resident came around in seconds, spontaneously. No life saving interventions required ... Good news all around.

Can you guess why?
• Mr. Jones had a vaso-vagal response or reaction

• A reflex of the involuntary nervous system from straining during bowel movement. The vaso-vagal reaction makes the heart slow down (bradycardia) and, at the same time it allows the blood vessels in the legs to dilate. The result is that the heart puts out less blood, the blood pressure drops, and what blood is circulating tends to go into the legs rather than to the head. The brain is then deprived of oxygen, and the fainting episode occurs.
Scenario # 5

Jane Brown was a resident for many years. Many found this a sad and unfortunate state of affairs. Jane was an alert and oriented forty-two year old woman. She had an extensive psychiatric history and was known to have abused both drugs and alcohol. Jane enjoyed the Internet and recently made a new friend through social media. On a warm summer evening, she signed out and entered the car of her new on-line friend.
Jane returned to the facility late in the evening and entered through a door propped open in the back of the building. She went straight to bed, shut her door and pulled her curtain. Morning came and breakfast trays were being distributed by staff members. After several knocks, the nursing assistant peeked into Jane’s room. She did not seem to look right...
The CNA quickly alerted the nurse. Together they returned to Jane’s room and confirmed that she was unresponsive, not breathing and did not have a pulse.

What is the next thing that should be done?
CHECK THE PHYSICIAN’S ORDERS. **NO** assumptions based on age or condition.

The nurse should look in the Physician order section of the medical record to determine the code status.

If **DNR** is noted; **DO NOT** PERFORM CPR.

If **FULL CODE** is noted; **PERFORM CPR**.

IF there is **no directive**; **PERFORM CPR**
Scenario # 6

Many of the residents were eating lunch in the dining room today. Clam chowder was highlighted, seemed to be everyone’s favorite. Hums of satisfaction were heard from all corners of the room. Such sounds were audible from all but Daisy, slumped over with her face immersed in her soup.
The nurse assigned to the dining room repositioned Daisy and realized she was unconscious, did not have a pulse and was not breathing. The nurse instructed an aide to quickly locate the medical record. With another assistant, Daisy’s neck was supported to open the airway. Liquid was removed from the face, for comfort and safety.
The Medical Record reflected a physician’s order that read;

“DNR”

* RED LIGHT: CPR WAS WITHHELD*

Another order found in the chart read;

“DO NOT HOSPITALIZE”

The nurse notified the physician, then called her loved ones and documented in her chart.
Daisy was relocated to her bedroom and tenderly groomed, dressed and positioned in the bed like a queen. Her family was provided privacy and the pastor joined them in prayer. Her room mate was temporarily relocated and supported. The door was shut closed...
1. ADVANCED DIRECTIVES MUST BE ADDRESSED AS A WRITTEN PHYSICIAN ORDER.
2. IF THERE IS NO WRITTEN DNR ORDER, CPR MUST BE PROVIDED UNTIL DEATH IS PRONOUNCED
3. DNR DOES NOT GIVE A FACILITY THE RIGHT TO WITHOLD ANY MEDICAL TREATMENT. DNR = NO CPR ONLY.
4. DURING A CODE BLUE, THE CHART MUST BE LOCATED QUICKLY. BRAIN DEATH DELAYED CPR TAKES 4 MINUTES.
5. CRASH CART MUST BE STOCKED AND EMERGENCY EQUIPMENT FUNCTIONAL AT ALL TIMES.
Questions or Concerns?
call
Regional Director of Clinical Services