Published on *The National Law Review* https://natlawreview.com

New Guidance for Skilled Nursing Facilities' DNR (Do Not Resuscitate) and CPR Policies

Article By:

Anne-Tyler Morgan

Last year, a Registered Nurse working in an independent living facility refused to initiate CPR on an elderly resident who was experiencing respiratory distress, even as a 911 dispatcher begged her to do so. The 911 call was released, and the story made national headlines. Many condemned the nurse for her actions, but the nurse was simply following the facility's no-CPR policy.

The uproar following this incident led the Centers for Medicare and Medicaid Services ("CMS") to issue new surveyor and provider guidance on CPR/DNR policies and practices in skilled nursing facilities ("SNFs"). The guidance became effective immediately, making it imperative for skilled nursing facilities that are certified for Medicare and/or Medicaid to review their policies immediately to ensure compliance.

CMS has made clear that SNFs have an obligation to initiate CPR for a resident suffering cardiac/respiratory distress *unless:*

1) The resident has an advance directive declining CPR (including a valid DNR order);

2) The resident evidences obvious signs of clinical death (i.e., rigor mortis, decapitation, transaction, decomposition); or

3) Initiating CPR could cause injury to the rescuer.

CMS' guidance specified that all SNFs must employ staff trained in CPR in accordance with the American Heart Association guidelines for all shifts. Further, CMS established that simply calling 911 when a resident suffers cardiopulmonary distress is not sufficient. It is critical to note that SNFs may no longer establish a facility-wide "no CPR" policy; doing so violates residents' rights to formulate their own advance directives.

It is not enough for SNFs to establish policies to address CPR – further action is necessary. All staff should be trained to follow applicable policies and procedures. The facility admissions process should also be reviewed to ensure that admissions personnel comply with the facility's CPR/DNR policies, as admissions personnel often have the first and most detailed discussions with a resident concerning his or her end-of-life wishes.

National Law Review, Volume III, Number 353