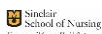


CPR: Training and Survey Focus

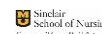
CAROL SIEM RN, MSN, GNP, BC
Clinical Educator



CPR – DNR - TV

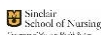
- What does the public see???
 - MASH
 - ER
 - George Clooney
 - Night Shift
 - Nurse Jackie

- Miracles in one hour



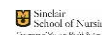
CPR – DNR – TV Comic Version

- <https://www.youtube.com/watch?v=FnA0mxnQJsM>



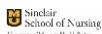
History of CPR

- **1740** The Paris Academy of Sciences officially recommended mouth-to-mouth resuscitation for drowning victims.
- **1767** The Society for the Recovery of Drowned Persons became the first organized effort to deal with sudden and unexpected death.



History

- **1891** Dr. Friedrich Maass performed the first equivocally documented chest compression in humans.
- **1903** Dr. George Crile reported the first successful use of external chest compressions in human resuscitation.
- **1904** The first American case of closed-chest cardiac massage was performed by Dr. George Crile.



History

- **1954** James Elam was the first to prove that expired air was sufficient to maintain adequate oxygenation.
- **1956** Peter Safar and James Elam invented mouth-to-mouth resuscitation.



History

1957 The United States military adopted the mouth-to-mouth resuscitation method to revive unresponsive victims
1960 Cardiopulmonary resuscitation (CPR) was developed. The American Heart Association started a program to acquaint physicians with close-chest cardiac resuscitation and became the forerunner of CPR training for the general public



History

- 1960: First documentation of 14 patients who survived cardiac arrest with the application of closed chest cardiac massage.



F 155

- Updated Oct 18, 2013
- Revised Jan 1, 2015
- Can be found at:
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-01.pdf>



F 155

- Surveyor guidance in Appendix PP was revised to clarify CPR policies for nursing homes
- Regulatory language is unchanged



F 155 Memorandum Summary

- **Initiation of CPR** -Prior to the arrival of emergency medical services (EMS), nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident's advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order. CPR-certified staff must be available at all times.



F 155 Memorandum Summary

- **Facility CPR Policy** - Some nursing homes have implemented facility-wide no CPR policies. Facilities must not establish and implement facility-wide no CPR policies.



F 155 Memorandum Summary

- **Surveyor Implications** -Surveyors should ascertain that facility policies related to emergency response require staff to initiate CPR as appropriate and that records do not reflect instances where CPR was not initiated by staff even though the resident requested CPR or had not formulated advance directives.



F 155 Memorandum Summary

- **CPR Certification** -Staff must maintain current CPR certification for healthcare providers through CPR training that includes hands-on practice and in-person skills assessment. Online-only certification is not acceptable



Frequently cited Deficiencies

- CPR
 - Honest/factual conversations upon admission and annually
 - Staff and residents/family should know terms CPR/ DNR/AND, etc. and be able to explain what each means
- Slide from presentation given at MANHA by DHSS: Kristen Edwards and Shelley Williamson



Frequently Cited Deficiencies

- CPR
 - Staff trained/understand system of code status identification
 - Routine training/training for new employees and agency staff
 - Staff have CPR certification
- Slide from presentation given at MANHA by DHSS: Kristen Edwards and Shelley Williamson



Frequently Cited Deficiencies

- CPR
 - Staff understand when to perform CPR
 - If CPR is not performed (based on the American Heart Association criteria) on a resident with a full code status, there needs to be clear documentation in the medical record (using the terms by the AHA) explaining why CPR was not performed
 - Staff need to clearly understand the AHA guidelines and be able to articulate each sign of clinical death: Rigor mortis, dependent lividity, decapitation, transection, or decomposition
- Slide from presentation given at MANHA by DHSS: Kristen Edwards and Shelley Williamson



American Heart Association Criteria

- **2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science**
- http://circ.ahajournals.org/content/122/18_suppl_3.toc



Guidelines

Part 3: Ethics

Withholding and withdrawing CPR exceptions:

- Attempts to perform CPR would place the rescuer at risk of serious injury or mortal peril
- Obvious clinical signs of irreversible death (eg. Rigor mortis, dependent lividity, decapitation, transection, or decomposition)
- Valid, signed and dated advance directive indication no resuscitation



Guidelines

Part 3: Ethics

- Termination of Resuscitative Efforts
 - Restoration of effective, spontaneous circulation
 - Care is transferred to a team providing advanced life support
 - Rescuer is unable to continue because of exhaustion, environmental hazards or because continuation puts others in jeopardy



Definitions

- Rigor Mortis: stiffening of the body, 1 to 7 hours after death, from hardening of the muscular tissues in consequence of the coagulation of the myosinogen and paramyosinogen, it disappears after 1 to 6 days or when decomposition begins
- Dependent lividity:



Definitions

- Dependent lividity: A purple coloration of the dependent parts, except in areas of contact pressure, appearing within one half to two hours after death, as a result of gravitational movement of blood within the vessels



Resuscitation Science

Importance

- Properly delivered chest compressions to create blood flow to the heart and brain.
- Effective chest compressions consist of using the correct rate and depth of compression and allowing for complete recoil of the chest.
- "Staying Alive"



Mock Codes

- https://www.youtube.com/watch?v=E MAH_-SWrrg



Mock Code

- Hospital vs. Nursing Home
 - Crash Cart vs Emergency Cart
 - Basic CPR vs Advanced Life Support



Emergency Cart

- Back board
- Face mask
- Ambu bag
- Suction / Yankauer set up
- Oxygen tank with necessary supplies
- Gloves
- AED (if available)



Emergency Cart

- Where is it kept?
- All staff know the location
- Who checks the cart to ensure the proper equipment is on the cart and it works.
- Watch for Expiration Dates
- These checks need to be part of your QA Program



Code Status

- How does staff know??
 - Be consistent
 - Assign responsibility to ensure all steps are in place



Code Discussion

- Who does it???
- Is it a frank discussion??
- What terms are used: Do Not Resuscitate or Allow Natural Death



Code Discussion

- How often is the topic/status reviewed?
- Should be reviewed at least with each care plan meeting and with a significant change.



Code Status Communication

- What is your facility policy
 - Location of information
 - In the front of the chart
 - Stickers at the door and or chart
 - In the computerized chart
 - Who maintains the up to date information
 - How are changes communicated to the team



Relationships

- With local Ambulance Service
 - Volunteer first responders who are on call vs. paid 24 hour on duty staff
 - City / County based services
 - Associated with the Fire Department
 - Agency services



CPR

- Who is certified in the building?
- Who monitors that the certification is kept up to date?
- All departments vs. nursing
 - Licensed staff vs all nursing staff



Hospice and DNR

- Hospice does not automatically mean that the resident is a DNR.
- A specific order is needed for DNR



DNR and Care

- DNR does not mean that we aren't going to treat problems that arise during their stay.
- Doesn't mean they can't go to the hospital.
- It just means we will not do CPR in the event that respirations cease or the heart stops.



Resources

- MO "Purple Form":
<http://health.mo.gov/safety/ems/pdf/dnrauthorization.pdf>
- <http://www.americanmedical-id.com/extras/dnr.php>
- <https://www.amda.com/consumers/DNR-DNHJul09.pdf>



Resources:

- <http://www.hospicepatients.org/and.html>
- http://usatoday30.usatoday.com/news/health/2009-03-02-DNR-natural-death_N.htm
- http://dph.georgia.gov/sites/dph.georgia.gov/files/POLST%20%28Final%206.2012%29_090612.pdf

