

GEORGIA'S LAW ON CARDIOPULMONARY RESUSCITATION (CPR)

There are often many questions about who has the authority to approve orders not to resuscitate a person or to approve a "No Code." The law in Georgia is very specific and there are circumstances when regardless of a person's wishes, that order may not be carried out in the person's current physical location.

This is a subject matter that should be discussed with a physician in order to clearly understand the patient's medical condition and whether or not all the criteria have been satisfied to have his or her preferences regarding cardiopulmonary resuscitation met.

For questions, contact the State Legal Services Developer at the Division of Aging Services, or the Georgia Senior Legal Hotline at (404) 657-9915 / 1-888-257-9519.

This information is not to be considered as legal advice. It is merely educational information made available by the Georgia Department of Human Services Division of Aging Services. For specific legal advice, please consult your own attorney. For medical advice, please consult a licensed physician.

For additional copies of this information, call 1-866-552-4464 or write to "Information" Georgia Department of Human Services Division of Aging Services, 2 Peachtree Street, NW, Suite 33.384, Atlanta, Georgia 30303



Georgia Department of Human Services

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CARDIOPULMONARY RESUSCITATION

O.C.G.A. §31-39-1 et. seq.

Definitions

1. Candidate for non-resuscitation: a patient who based on a determination to a reasonable degree of medical certainty by an attending physician with the concurrence of another physician—
 - a) has a medical condition which can reasonably be expected to result in the imminent death of the patient;
 - b) is in a non-cognitive state with no reasonable possibility of regaining cognitive functions; or
 - c) is a person for whom CPR would be medically futile in that such resuscitate will likely be unsuccessful in restoring cardiac and respiratory function or will only restore cardiac and respiratory function for a brief period of time so that the patient will likely experience repeated need for CPR over a short period of time so that such resuscitation would be otherwise medically futile.
2. Cardiopulmonary resuscitation (CPR): refers to measures used to restore or support cardiac or respiratory function in the event of cardiac or respiratory arrest.
3. Caregiver: an unlicensed assistant who provides direct health related care to patients or residents, a proxy caregiver performing health maintenance activities providing care under the direction and orders of a licensed health care provider; or a person providing auxiliary services in the care of patients.
4. Nurse: a person who is a licensed practical nurse or a registered professional nurse.
5. Physician assistant: a person licensed as a physician assistant.

Terms Used to Indicate Termination of Cardiopulmonary Resuscitation

Orders to stop or withhold the administration of cardiopulmonary resuscitation (CPR) are recognized by a number of terms:

- DNR
- Do Not Resuscitate
- Do Not Attempt Resuscitation (DNAR)
- Order Not to Resuscitate
- No Code
- Allow Natural Death
- Order to Allow Natural Death

NOTE

Every adult is presumed to have the capacity to make a decision regarding CPR, unless determined otherwise in writing in the patient's record or pursuant to a court order. Every patient shall be presumed to consent to the administration of CPR unless there is consent or authorization for the issuance of an order not to resuscitate.

Persons authorized to issue or consent to an order not to resuscitate:

- attending physician may issue an order which authorizes a physician, health care professional, nurse, physician assistant, caregiver or emergency medical technician to withhold or withdraw CPR
- an adult person with decision making capacity (even if capacity is lost in the future) may consent orally or in writing to an order;
- an agent under a durable power of attorney for health care or an advance directive for healthcare consents on behalf of the adult person, or where a Physician Orders for Life-Sustaining Treatment (POLST) form with a code status of "do not resuscitate" or its equivalent has been lawfully executed by an authorized person who is an agent under a durable power of attorney for health care or a health care agent under an advance directive for health care, an attending physician does not need a concurring physician to issue an order not to resuscitate;
- other appropriate authorized persons who may consent as long as the adult person meets all the criteria of a "candidate for nonresuscitation": spouse; guardian; son or daughter 18 years of age or older; parent; brother or sister 18 years of age or older; parent for a minor child, unless

the child is deemed mature enough by the physician to understand the order; in such case, the consent of the minor is required;

- as a last resort, if none of the above is available, an attending physician may issue an order not to resuscitate if: he or she has the concurrence of a second physician in writing that the patient is a candidate for nonresuscitation; and an ethics committee or similar group concurs in the opinion of the attending and the concurring physician; and the patient is receiving inpatient or outpatient treatment from or is a resident of a health care facility other than a hospice or a home health agency.

Effectiveness of an Order: An order is effective, whether or not the patient is receiving treatment from or is a resident of a health care facility, until the order is canceled or the consent is revoked.

Revocation: An order not to resuscitate can be revoked by an adult for him or herself, or by a parent or any authorized person; a physician or his/her designee may cancel an order not to resuscitate when deemed appropriate. A revocation can be accomplished in writing, by oral declaration or by any other act that indicates a specific intent on the part of the adult to revoke consent. The revocation must be communicated to or in the presence of an attending physician, nurse, physician assistant, caregiver, health care professional or emergency medical technician.

Cancellation: An order not to resuscitate may be canceled by –

- the attending physician for whose patient an order not to resuscitate has been issued; the physician shall examine the patient at intervals to determine if the patient still qualifies as a candidate for non-resuscitation; if not, the order must be canceled;
 - if the attending is not available, another physician must cancel the order if the patient no longer qualifies;
 - if the order is entered and the patient regains decision making capacity, the attending physician or another physician shall determine if the patient consents and if he/she does not, cancel the order.

Carrying Out an Order for One Not in a Health Care Facility:

A DNR order can be carried out for a patient who is not in a hospital, nursing home or licensed hospice when the order is evidenced in writing containing the patient's name, date of the form, printed name of the attending physician, and

signed by the attending physician on a form substantially similar to the one provided in the law. Orders may be carried out by any physician, health care professional, nurse, physician assistant, caregiver or emergency medical technician.

"DO NOT RESUSCITATE ORDER

NAME OF PATIENT: _____

**THIS CERTIFIES THAT AN ORDER NOT TO RESUSCITATE HAS BEEN
ENTERED ON THE ABOVE-NAMED PATIENT.**

SIGNED: _____
ATTENDING PHYSICIAN

PRINTED OR TYPED NAME OF ATTENDING PHYSICIAN:

ATTENDING PHYSICIAN'S TELEPHONE NUMBER: _____

DATE: _____ "

Bracelet/Necklace Optional

A person who is not in a hospital, nursing home or licensed hospice and has an order not to resuscitate **may** wear an identifying bracelet on either the wrist or the ankle or an identifying necklace and shall post or place a prominent notice in the person's home or residence to provide notice of the order not to resuscitate.

If such bracelet or necklace is worn, it shall be substantially similar to identification bracelets worn in hospitals and shall provide the following information in boldface type:

"DO NOT RESUSCITATE ORDER

Patient's name:_____

Authorized person's name and telephone number, if applicable:

Patient's physician's printed name and telephone number:

Date of order not to resuscitate: _____"

Liability for persons carrying out a DNR order:

- No physician, health care professional, nurse, physician assistant, caregiver, health care facility or other licensed facility, emergency medical technician, or person employed by or acting as an agent of or under contract with any of these just named, shall be subject to any criminal prosecution or civil liability or deemed to have engaged in unprofessional conduct for carrying out a DNR order in good faith as long as it was carried out in compliance with the standards and procedures set forth in the law;
- Nor, shall they be subject to civil liability or criminal prosecution or deemed to have engaged in unprofessional conduct for providing cardiopulmonary resuscitation to a patient for whom an order not to resuscitate has been issued provided that such physician or person
 - reasonably and in good faith was unaware of the order; or,
 - reasonably and in good faith believed consent was revoked or canceled.
- No person shall be civilly liable or criminally prosecuted for failing or refusing in good faith to carry out an order not to resuscitate or for consenting in good faith or declining to consent on behalf of a patient to the issuance of an order not to resuscitate.

Notice to Next of Kin for Failure or Refusal to Carry Out an Order:

Attending physicians who fail or refuse to comply with an order not to resuscitate must attempt to promptly advise the patient or next of kin or authorized person. The physician at the election of either must make a good faith effort to transfer the patient to another physician or permit the next of kin or authorized person to obtain another physician to carry out the order.