

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 05/12/2014	NUMBER: A-11.2 Page1 of 3
	Replaces: 10/30/2013	
	Formulated: 10/05 Reviewed: 10/15	
PRONOUNCEMENT OF DEATH BY LICENSED NURSES		

PURPOSE: To provide well-defined policies for RNs and LVNs in patient assessment for the determination and pronouncement of death.

POLICY: It is the policy of TDCJ to allow RNs the authority to assess a patient and make a determination of death for those patients who have valid Do Not Resuscitate (DNR) order.

Authority And Role Of The RN In Pronouncing Death:

Texas law provides for RN pronouncement of death. The law requires that in order for a nurse to pronounce, the facility must have a written policy, which is jointly developed and approved by the medical staff or medical consultant and the nursing staff, specifying under what circumstances a RN can make a pronouncement of death.

Role of the LVN in the Pronouncement of Death:

LVNs are not granted the authority to pronounce death. However, it is within the scope of practice for LVNs to gather data regarding their patients, to recognize significant changes in their patients' condition and to report data and those significant changes to the physician. It is also within the LVNs' scope of practice to accept reasonable physicians' orders regarding the post-mortem care of their patients and to act upon them. However, a LVN may not accept an order that would require the LVN to "pronounce death." The law assigns the physician liability for all orders issued.

DEFINITIONS: Rigor Mortis- A temporary stiffening of the joints and muscles of a body a few hours after death, usually, lasting from one to four days.

Decapitation – The removal of the head from the body.

Transection: - (Traumatic hemocorporectomy) A severe bisection injury resulting in amputation of the body below the waist.

Decomposition – The process where after death the body begins to be destroyed and broken down by natural processes, chemicals, etc.

PROCEDURES:

I. Patients With a Valid DNR Order

A. Registered Nurse: When a patient is found to be without a heartbeat or respirations, the registered nurse on duty shall make an immediate assessment, which includes the following:

1. Determine the presence or absence of the following presumptive or conclusive signs of death:
 - A. Presumptive signs of death
 - The patient is unresponsive,
 - The patient has no respirations,

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- The patient has no pulse,
 - The patient's pupils are fixed and dilated,
 - The patient's body temperature indicates hypothermia, skin is cold relative to the patient's baseline skin temperature,
 - The patient has generalized cyanosis, and
- B. Conclusive sign of death:
- There is presence of livor mortis (venous pooling of blood in dependent body parts causing purple discoloration of the skin which does not blanch with pressure).
2. Verify the code status or DNR order by the physician in the medical record.

If all of the above signs and symptoms are present, then the RN may pronounce death.

B. Licensed Vocational Nurse: If the registered nurse is not in the facility, the licensed vocational nurse on duty shall:

1. gather the clinical information (status of the heartbeat, respirations, blood pressure, pulse, etc.)
2. verify the code/DNR status of the patient, and
3. contact the physician to communicate the clinical information.

If in the opinion of the physician this clinical information supports a pronouncement of death, then the physician may officially pronounce the patient dead via the telephone.

C. Documentation: Appropriate documentation by the RN or the LVN should include at a minimum:

1. a description of the discovery of the patient,
2. any treatment that was undertaken,
3. the finding for each of the assessment elements outlined,
4. all individuals notified of the patient's status e.g. physician/provider, warden, etc.,
5. any directions (orders) that were provided to staff or others during the assessment and/or treatment of the patient, and
6. the presence or absence of witnesses.

II. Patients Without Valid DNR/Advance Directives:

A. When a patient is found to be without a heartbeat or respirations, the RN or LVN shall make an immediate patient assessment, begin emergency measures to include Cardiopulmonary Resuscitation (CPR), and notify the provider of the clinical status of the patient. **A nurses' failure to initiate CPR in the case of a patient arrest without a valid DNR order may constitute failure to comply with the standards of nursing care,** however, there are a few exceptions where withholding CPR might be appropriate as follows:

- Situations where attempts to perform CPR would place the nurse at risk of serious injury or mortal peril

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- Obvious clinical signs of irreversible death (i.e., rigor mortis, , decapitation, transection, or decomposition)

Note: In any patient in whom none of the above circumstances are present or are at all questionable, resuscitation must be attempted.

- B. After assessment of the patient is completed and appropriate interventions are taken, documentation of the circumstances and the assessment of the patient in the patient record are required. This documentation will include:
1. a description of the discovery of the patient,
 2. any treatment of the patient that was undertaken,
 3. the findings from the assessment,
 4. all individuals notified of the patient's status e.g. physician/provider, warden, etc.
 5. any directions (orders) that were provided to staff or others during the assessment and/or treatment of the patient,
 6. the results of any communications, and/or
 7. the presence or absence of witnesses.
- C. The provider may pronounce the patient dead via the telephone.
- D. Documentation by the RN and LVN should also include that the provider pronounced the patient dead via telephone, the name of the provider, and the time.

References: Texas Health and Safety Code Chapter 193
Texas Health and Safety Code Chapter 671 – Subsection D
Texas Board of Nursing, Nursing Practice Act
Texas Board of Nursing, Position Statement 15.2 The Role of the LVN in the Pronouncement of Death 01/2006 (Revised 01/2013)
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