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 cannot be carried out in the person's current location.

This document will attempt to clarify and simplify some of those points. It is not to be taken as legal advice and it is not information that can be easily applied outside of the State of Georgia since state laws differ.

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 he or she qualifies as a proper candidate for implementation of a "No Code."

For additional information about this document, contact the State Legal Services Developer at the Georgia Department of Human Resources Division of Aging Services at (404) 657-5328, the Georgia Senior Legal Hotline at (404) 657-9915 or 1-888-257-9519.

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

Prepared by Natalie Thomas, State Legal Services Developer at the Georgia Division of Aging Services, 2 Peachtree Street, NW, Suite 9.398, Atlanta, Georgia 30303-3142.



CARDIOPULMONARY RESUSCITATION

O.C.G.A. §31-39-1 et. seq.

Definitions:

CPR- measures used to restore or support cardiac or respiratory function in the event of cardiac or respiratory arrest.

Candidate for Non-CPR: 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 noncognitive 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 sot 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.

Other Names for Cardiopulmonary Resuscitation

Orders surrounding the administration of cardiopulmonary resuscitation (CPR) are recognized by a number of names:

- DNR
- Do Not Resuscitate
- Order Not to Resuscitate
- No Code

NOTE

Under the law, the only people authorized to withhold or withdraw cardiopulmonary resuscitation are physicians, health care professionals, or emergency medical technician.

Every adult is presumed to have the capacity to make a decision regarding CPR and 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 an order not to resuscitate:

- attending physician which authorizes a physician, health care professional, or emergency medical technician to withhold or withdraw CPR
- an adult person with decision making capacity (even if they lose capacity in the future)
- Appropriate authorized person: agent under a DPOA-HC; spouse; guardian of person; son or daughter 18 years of age or older; parent; brother or sister 18 years of age or older (in good faith)
- parent for a minor child
- as last resort 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; an ethics committee or similar
 group which 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.

Carrying out a DNR order when the patient is not in a hospital nursing home or licensed hospice is now legal as long as 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 similar to the one in the law:

	"DO NOT RESUSCITATE ORDER
AME OF PAT	IENT:
	ES THAT AN ORDER NOT TO RESUSCITATE HAS BEEN THE ABOVE-NAMED PATIENT.
	TENDING PHYSICIAN
RINTED OR	TYPED NAME OF ATTENDING PHYSICIAN:
TTENDING P	PHYSICIAN'S TELEPHONE NUMBER:
ATE:	

The patient must also be wearing an identifying bracelet on either the wrist or the ankle or an identifying necklace. The bracelet or necklace shall be substantially similar to the ID bracelets worn in hospitals and must be on an orange background with the following information provided 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 authorized person is subject to any criminal or civil liability 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.
For assistance with finding a vendor for bracelets or necklaces, contact

the Office of Regulatory Services at (404) 657-4076.