



Arizona State Board of Nursing

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION: DETERMINATION OF DEATH:
ROLE OF RN/LPN
APPROVED DATE: 5/94
REVISED DATE: 1/02, 3/06, 11/07, 5/10, 1/14, 3/17,
9/2020
ORIGINATING COMMITTEE: LEGAL
LEGISLATIVE**

Within the Scope of Practice of RN LPN

ADVISORY OPINION DETERMINATION OF DEATH: ROLE OF RN/LPN

It is within the Scope of Practice of the Registered Nurse (RN) to assess a patient/client death. It is within the Scope of Practice for a Licensed Practical Nurse (LPN) to gather clinical data (R4-19-401), recognize significant changes, and to report these changes to a Licensed Independent Practitioner (LIP) or RN.

I. GENERAL REQUIREMENTS

- A. Written policies and procedures are maintained by the employer.
- B. An RN or LPN is able to make observations to determine the presence or absence of the following presumptive or conclusive signs of death:
Presumptive signs include:
 - Unresponsive, no respirations/pulse
 - Pupils are fixed and dilated
 - Body temperature indicates hypothermia: skin is cold relative to the patient's baseline skin temperature
 - Generalized cyanosis
 - Conclusive signs include presence of livor mortis (venous pooling of blood in dependent body parts causing purple discoloration of the skin which does not blanch with pressure).
- C. Documentation of presumptive and conclusive signs of death.

II. RATIONALE

An RN is able to assess a patient/client death and therefore determine death based on the assessment skills of the RN and the facility policies and procedures.

An LPN is able to gather clinical data, report findings to the LIP/RN, and in accordance with the facility policy, the LPN may accept orders regarding the determination of death.

This advisory opinion attempts to clarify the various levels of medical and nursing recognition of the condition of a patient's/client's death. A LIP or a nurse practitioner who has completed education and documentation requirements prescribed by the Arizona State Board of Nursing may certify a cause of death. According to ARS 36-325 (G), "If a person under the current care of a physician or nurse practitioner for a potentially fatal illness dies of that illness, the physician or nurse practitioner, if available, shall complete and sign the medical certification of death on a death certificate within seventy-two hours."

According to ARS 32-1601 (23) (a), the definition of "Registered nursing" includes the following: "Diagnosing and treating human responses to actual or potential health problems." By this statute an RN has the authority to make an assessment and therefore, a determination of death. An RN's assessment or determinant of death does not include the medical certification of death. Institutional policy may also guide the nurse's role in the assessment of death.

According to ARS 32-1601 (19) (a) "Practical nursing" includes the following activities that are performed under supervision of a physician or a registered nurse: (a) Contributing to the assessment of the health status of individuals and groups.

III. REFERENCES

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