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Health & Medicine, Nursing



**N/A**

Nursing and Ethics Nursing and Ethics I believe CPR is a medical procedure that could be performed by Colleen but depended on her discretion and policy. The assisted living policy did not offer guidelines on performance of the service to the client making it solely the decision of the nurse. CPR is a medical service because it focuses on the resuscitation of individual as emergency procedure which must be undertaken when needed. It is a procedure of manually preserving the brain functions until other measures are taken to restore the blood circulation process. It is applicable under the influence and the control of specialized medical personnel. For the case stated, it is evident that Colleen was a trained nurse and conversant with the procedure, but could not perform it because of the fear of policy violation. Therefore, CPR is a medical process that must be undertaken by a trained health care practitioner such as Colleen (Gulli, Rahm, & Krohmer, 2006). I can state that the Good Samaritan Laws are important laws that offer protection to people giving reasonable assistance to those injured, in peril or ill. They encourage people to offer assistance. These laws were developed to reduce bystander hesitation to assist because of the fear of being sued by the patient or victim (Hodnicki, 2009). For instance, the same law in New Jersey is viewed as a legal principle preventing the rescuer from being sued for wrongdoing similar to the application done in the U. S. Therefore, the law encourages the bystanders to assist in times of crisis. The New Jersey Governor passed the law on May 3rd 2012, which protects the bystanders against liability.

In order to be safe when joining a facility, it is important to evaluate all

possible scenarios and the support services offered by the facility. In fact, the health cover and support offered by the organization must be effective. Therefore, I would not encourage anyone to join the organization unless he or she understands the liability associated with the process. The policy governing the organization must be flexible to allow contribution for both members and other professionals. With such flexible policy, leading the department in the organization will be fun.

I believe a Living Will is a document intended to give the patients preferences regarding end-of-life healthcare decisions. It is important because at that point the patient cannot express them personally to the physician or healthcare provider. Its purpose is to direct the healthcare provider on the types of medical care the patient wishes to have or forgo at the end of life. DNR order is different from the will because it is issued by the physician to direct the clinicians not to provide cardiopulmonary resuscitation in the occurrence of cardiac arrest. There is a thin line between the living will and the DNR order. According to my own perspective, DNR order focuses on the cardiopulmonary resuscitation and not the type of care to be offered to the patient in case of end-of-life event. The do not resuscitate order is a medical order or instruction focusing on services that should not be offered to the patient in such conditions. The living will may be self-determined by the patient while the DNR order is offered on medical evaluation.

#### Bibliography

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