

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)



This document applies to CPR decisions exclusively and must be used in accordance with local resuscitation policy
The person must be appropriately assessed to ensure they receive all other appropriate care.
Form developed by the NHS in the East Midlands.

Section 1: DNACPR Category. Delete A or B to identify which applies

A. For a person at the end of life. DNACPR applies across all care settings. No review necessary. **OR**

B. DNACPR decision for periodic review during admission/change in place of care or on discharge. State the first review date in section 5. (Should option A then become applicable a new form must be completed)

ORIGINATED BY (Optional):

e.g. Doctor in training (PRINT) Signature

GMC No Date

ORIGINATED BY AND/OR ENDORSED BY (Obligatory):

Responsible clinician/nurse (PRINT) Signature

Designation Date Organisation

If applicable GMC No

Addressograph Label

Patient name:

Address:

Date of birth:

NHS No:

Telephone No:

Location of patient when DNACPR form completed

Section 2: Reason for DNACPR (please tick those that apply):

Patient's condition indicates that CPR is unlikely to be successful because

CPR is not in accord with a valid Advance Decision to Refuse Treatment

Patient does not consent to CPR

Section 3: Communication with patient and carer/relevant others (Tick all that apply):

It is good practice to explain why CPR will not be attempted, unless doing so would cause unnecessary distress.

This **has** been discussed with the patient

This **has** been discussed with (name) on

date Relationship to patient

contact details

This **has not** been discussed with the patient because it would cause unnecessary distress or they lack capacity (delete as applicable)

This **has not** been discussed with any relevant other e.g. family/carers because

.....

.....

Fully record details of all CPR discussions in the patient's notes

Section 4: Complete section below only for patients who lack capacity

Does the patient have a legally appointed and registered welfare attorney? Yes No

Have they been consulted and discussion documented? (if yes to question above) Yes No

If no attorney or others to contribute to Best Interests decision, has an IMCA been contacted? Yes No

Confirm that decision made following the best interest process of Mental Capacity Act Yes No

Fully record details in the patient's notes

Section 5: DNACPR review. Please complete if indicated by B in section 1 on the date stated below

Date of review	Reviewer's name (capitals)	Reviewer's signature	Next review due	Designation & contact details	Location of patient

Section 6: IF DNACPR CANCELLED – CLEARLY CROSS THROUGH DOCUMENT WITH 2 LINES NAME, DATE AND SIGN with a reason for cancellation

Section 7: Organisational communication

The clinical team must ensure the DNACPR paperwork accompanies the patient on transfers and that professional colleagues receiving the patient are aware of the decision

Patient's GP Telephone No Professional contact out of hours Name
Address Telephone No Address

Has person in charge of patient's daily care (e.g. GP, Community Nurse or Care Home) been informed Yes No

A copy should be kept in the notes exclusively for audit purposes and marked as COPY.

When at home or place of care/residence ensure the original form is accessible to visiting health or social care professionals. E.g. place the form at front of community notes or message in a bottle. Ensure it is ready should an emergency/urgent call be made

Does the patient have a preferred place of care at the end of life? Yes No

If yes, where? Tick Box - Home Hospital Care Home Hospice Other (please state)

Healthcare Professional Completing This DNACPR Form

This will vary according to circumstances and local arrangements. In general this should be the most senior healthcare professional immediately available. Whether in the acute hospitals or the community setting, this will be a senior experienced, doctor or nurse, who has undertaken appropriate training and education in communication and resuscitation decision making, according to the requirements of their employer. This decision should be shared with the Multi-disciplinary Team at the next opportunity.

