DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

NHS

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/carer 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 .....
Address .....

Professional contact out of hours Name .....
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) .....

MAKING A DO NOT ATTEMPT CARDIO-PULMONARY RESUCITATION (DNACPR) DECISION FRAMEWORK

NHS

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.

Is cardiac or respiratory arrest a clear possibility in the circumstances of the patient?

NO

It may not be possible to make an advance CPR decision if you cannot anticipate what you would write on the death certificate if the patient arrested. If you cannot anticipate an arrest you cannot consent for or obtain refusal of CPR since any arrest will be unexpected.

Consequences:

- The patient should be given opportunities to receive information or an explanation about any aspect of their treatment. If the individual wishes, this may include information about CPR treatment and its likely success in different circumstances.
- Continue to communicate progress to the patient (and to the partner/family if the patient agrees). Continue to elicit the concerns of the patient, partner or family.
- Review regularly to check if circumstances have changed.

In the event of an unexpected arrest: carry out CPR treatment if there is a reasonable possibility of success (if in doubt, start CPR and call for help).

YES

Is there a realistic chance that CPR could be successful?

NO

It is likely that the patient is going to die naturally because of an irreversible condition. Where a decision not to attempt CPR is made on these clear medical grounds, it is not appropriate to ask the patient's wishes about CPR (or those close to the patient where the patient lacks capacity), but careful consideration should be given to whether to inform the patient of the decision.

Consequences:

- Document the fact that CPR treatment will not benefit the patient, e.g. *The clinical team is as certain as it can be that CPR treatment cannot benefit the patient in the event of a cardiac or respiratory arrest due to advanced cancer, so DNACPR (Do Not Attempt CPR).*
- Continue to communicate progress to the patient (and to the partner/family if the patient agrees or if the patient lacks capacity). This explanation may include information as to why CPR treatment is not an option (as described above) and might include; *Unfortunately CPR will not work in your circumstances and we need to ensure all others know about this decision to ensure your comfort at the end of your life, if that is OK?*
- Continue to elicit the concerns of the patient, partner and family.
- Review regularly to check if circumstances have changed.
- To ensure a comfortable and natural death effective supportive care should be in place, with access if necessary to specialist palliative care, and with support for the family and partner.
- If a second opinion is requested, this request should be respected, whenever possible.

In the event of expected death, AND (Allow Natural Dying) with effective supportive and palliative care.

YES

Does the patient lack capacity?

YES

In adults: is there is an Advance Decision to Refuse Treatment (ADRT) refusing CPR, or signed valid Welfare Attorney (LPA) order (with accompanying 3rd party certificate) with the authority to decide on serious medical conditions - the most recent order takes precedence. Otherwise make a decision in the patient's best interests, following the processes stipulated by law, e.g. the Mental Capacity Act.

NO

Are the potential risks and burdens of CPR considered greater than the likely benefits of CPR?

YES

When there is only a very small chance of success and there are questions whether the burdens outweigh the benefits of attempting CPR: the involvement of the patient (or, if the patient lacks capacity, an ADRT, Lasting Power or Attorney as above or those contributing to Best Interests) in making the decision is crucial. When patients have mental capacity their own view should be the primary guide to decision-making. In cases of doubt or disagreement, a second opinion should be requested.

NO

CPR should be attempted

v49 Adapted from: 2007 BMA/RC/RCN Joint Statement on CPR; Regnard C & Randall F. Clinical Medicine, 2005; 5: 354-60; and A Guide to Symptom Relief in Palliative Care, 6th ed Radcliffe medical Press, 2010.