

# DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Children less than 16 years of age

DNACPRpaed.2015)

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

NHS number \_\_\_\_\_

Date of DNACPR decision:

/ /

**DO NOT PHOTOCOPY**

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

**1 1a. Does the child have capacity to make and communicate decisions about CPR?** YES / NO

If "YES" go to 1b. If "NO" go to 1c.

**1b. Has the child been involved in the decision-making process?** YES / NO

Now go to 1c.

**1c. Have the child's parents (or those holding legal parental responsibility) been consulted and agreed to the application of this decision?** YES / NO

If "YES" go to box 2.

**1d. Has a Court made an order in respect of this decision?** YES / NO

If "YES" go to 1e.

If the answers to both 1c and 1d are "NO", legal advice must be taken before proceeding. All other decisions must be made in the child's best interests and comply with current law.

**1e. Date, time, location and name of Judge/Court making order:**

**2 Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the child's best interests:**

**3 Summary of communication with child. If this decision has not been discussed with the child state the reason why:**

**4 Name of person(s) holding parental responsibility and summary of communication with them:**

**5 Names of members of multidisciplinary team contributing to this decision:**

**6 Healthcare professional recording this DNACPR decision:**

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**7 Review and endorsement by most senior health professional:**

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Review date (if appropriate):

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_