

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Yorkshire & Humber SHA Form for Adults aged 16 and over

v11 Aug 2010

In the event of cardiac or respiratory arrest NO attempts at cardiopulmonary resuscitation (CPR) will be made. All other active treatment should be given.

NHS No	Hospital No	Next of Kin / Emergency Contact
Name		Relationship
Address		
Postcode	Date of Birth	Tel Number

Section 1 Reason for DNACPR: Select as appropriate from A - D (see reverse)

A. CPR would be unsuccessful because of the following medical conditions:

.....
 Discussion with the patient / relevant others is not compulsory in this situation but 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 not** been discussed with the patient because it would cause unnecessary distress

This **has** been discussed with (name) Relationship to patient:.....

This **has not** been discussed with any relevant others

Record details of discussions in the patient's notes

B. The benefits of CPR would be uncertain, in terms of either length or quality of life.

This **must have** been discussed with the patient and/or relevant others. *Record details in the patient's notes.*

C. CPR is against the wishes of the patient who has mental capacity to make the decision

D. CPR is against the wishes of the patient as recorded in a valid advance decision

Section 2 Healthcare professionals completing DNACPR form (see reverse)

Name & Designation	Name & Designation (Counter Signature)
Organisation	Organisation
Signature	Signature
Date	Date

Section 3 Review of DNACPR decision (if appropriate)

This order is to be reviewed by:		Date:		
Review Date	Full Name and Designation	Signature	Still applies	Next Review Date
			<input type="checkbox"/> (tick)	
			<input type="checkbox"/> (tick)	

AMBULANCE CREW INSTRUCTIONS

In the event of a Cardiopulmonary Arrest, please do not attempt CPR or defibrillation for this patient. All other active treatment should be given.

Any other specific instructions:.....

These guidelines are based on an agreement within the Yorkshire and Humber SHA region.
For more details refer to your local policy relating to DNACPR.

Section 1 Guidance (Please write legibly and with black ink)

Option A

1. Record underlying condition/s eg poor Left Ventricular function, end stage obstructive airway disease, disseminated malignancy with poor performance status.
2. The term "relevant others" is used to describe a patient's relatives, carers, representatives, advocates, people with lasting power of attorney, independent mental capacity advocates (IMCAs) and court appointed deputies (refer to Mental Capacity Act 2005)
<http://www.publicguardian.gov.uk> and/or <http://www.dh.gov.uk>

Option B

This situation **must** be discussed with the patient / relevant others. Record details of your discussion in the patient's notes. (NB: 'relevant others' is defined above *Option A point 2*).

Option C

Record details in the patient's notes. For guidance on Mental Capacity Act, refer to MCA Code of Practice

Option D

The Mental Capacity Act [2005] confirms that an advance decision refusing CPR will be valid and therefore legally binding on the healthcare team, if:

1. The decision is in writing, signed, witnessed and the patient is aged 18 or over;
2. It includes a statement that the advance decision is to apply even if the patient's life is at risk;
3. The advance decision has not been withdrawn;
4. The patient has not, since the advance decision was made, appointed a welfare attorney to make decisions about CPR on their behalf;
5. The patient has not done anything clearly inconsistent with its terms; and
6. The circumstances that have arisen match those envisaged in the advance decision.

16 and 17-year-olds: Whilst 16 and 17-year-olds with capacity are treated as adults for the purposes of consent, parental responsibility will continue until they reach age 18. Legal advice should be sought in the event of disagreements on this issue between a young person of 16 or 17 and those holding parental responsibility

Section 2 Authorisation

To find out who is authorised to sign here, including when a countersignature is required, refer to your local policy on decisions relating to cardiopulmonary resuscitation.

Section 3 Review – In accordance with your local Policy.

It is considered good practice to review DNACPR status in the following circumstances:

- At the consultant ward round, MDT or Gold Standards Framework meeting;
- On transfer of medical responsibility (eg hospital to community or vice versa); or
- Whenever there are significant changes in a patient's condition.

When the form is no longer valid, either because the patient is for CPR or because a new form has been completed, it must be marked as cancelled by making two thick, dark, diagonal lines across the form; writing **CANCELLED** in large capitals and adding your signature and date. It should then be filed in the patient's notes.

COMMUNICATING DNACPR DECISIONS

It is the responsibility of the healthcare professional completing the form to ensure that the DNACPR status is communicated to all who need to know.

For patients being transferred between different care settings, it is essential that all professionals including Out of Hours (OoH) and Ambulance (eg Yorkshire Ambulance Service) are made aware of this DNACPR order

1. Send the **original form** with the patient
2. A photocopy should be retained in the patient's notes (for audit) marked with the words '**COPY**' in large capitals, signed and dated.
3. Ensure the patient/relevant others are informed. They may prefer the form to be placed in a clearly marked envelope.
4. For discharges to community settings: communicate and /or fax a copy to the GP, Out of Hours service, and as appropriate any other relevant services eg Hospice.