DNACPR – you asked, we answer

There are many myths and misconceptions amongst staff regarding DNACPRs. So we thought we'd share this Q&A with you, to clarify what your roles and responsibilities are.

This Q&A comes from discussions with frontline staff and those with an active interest in end of life (EoL) care. A working group was set up and held in May to begin discussions, share ideas and hopefully address some of the issues that arise when supporting patients who are at the end of their life.

Is a black and white copy of a DNACPR acceptable?
Yes is the short answer. In an ideal world all DNACPRs would have the red border but in reality this is not always the case. The forms are available for GPs to print and this means that sometimes they will be printed in black and white (or photocopied) as a colour printer is not available.

It is, however, vital that the signature authorising the form is an original signature and that this has not been photocopied. This may be difficult to ascertain, but you need to be confident that the form contains an original signature.

Does the original DNACPR need to travel to the hospital with the patient?
The original copy belongs to the patient and should always stay with the patient. However, we all know that sometimes this can be difficult and care homes can be reluctant to send the original form with the patient, as it often does not find its way back again. If this happens, it is appropriate to either take a photocopy which you have validated (signed to say you have seen the original) or just to leave it at the home with the knowledge that you know it exists should it needed to be acted upon on route to the hospital. Explain to the hospital when you handover and they can take steps of their own if required.

If I am told by a carer or family member that they think there might be a DNACPR 'somewhere' what should I do?
A DNACPR should be with the patient and should be seen by you. However, remember to look at the bigger picture and base your decision around all the available information (is patient EoL? Do they have an EoL package? Are they viable for resus and is it appropriate? etc). See below regarding EoL patients with no DNACPR.

Does the DNACPR have to be an east of England form?
Ideally yes. The majority of DNACPRs in the community will have east of England forms, with the NHS logo in the top corner. However if a patient is visiting from out of area for example, it is possible that the form may not be an east of England one. This does not make it invalid. The layout and signature box will be very similar.

East of England Ambulance Service NHS
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Does a DNACPR have an expiry date?
Not normally these days. Some years ago they used to be valid for two weeks at a time but this was removed. Now the DNACPR forms have an 'indefinite' box which should be ticked by the GP/ clinician completing the form. Please be aware that research has shown that this box is not always routinely ticked by GPs. Work is ongoing to ensure this happens.

Is a DNACPR legally binding?
No, these forms have no legal standing. They are normally put in place following a discussion with the patient and/or family members and are believed to be in the patient's best interest, where CPR is likely to be futile. They can support and guide decisions about resuscitation. Advanced decisions to refuse treatment (ADRT) will sometimes be in place and may be accompanied by a DNACPR. The ADRT is legally binding and should be adhered to.

If a patient is thought to be end of life but has no valid DNACPR do I need to resuscitate them?
Any decision around resuscitation should be made by weighing up all available information about the patient. If the patient has an end of life care plan, has Macmillan nurses, hospice support and/or information from folders and family or carers suggests the patient is terminally ill and the patient appears to have died from the condition with which the end of life plan is in place for, then you should not be resuscitating, even if you are not in possession of a DNACPR form. Conducting CPR would be inappropriate in these cases. This is in line with Clinical Practice Guidelines (2016) (JRCALC) and Resuscitation Council Guidelines.
A joint document from the British Medical Association, the Resus Council and the Royal College of Nursing, 'Decisions relating to cardiopulmonary resuscitation' is also useful.

I am an EMT or student paramedic. Can I still follow a DNACPR form?
Yes, the decision remains the same. You must ensure all history is gained from other paperwork, carers/family etc to support any decision making around resuscitation.

If a patient has a DNACPR does this mean they should not be treated?
A DNACPR is not a request for a patient not to be treated if they become unwell. They may have an advanced decision or a living will, or through discussion with the family it may be decided that the patient will not be transported for definitive care, but the DNACPR alone does not tell you this.

The DNACPR tells you that they should not be resuscitated if in cardiac arrest. If the patient is not in cardiac arrest then the DNACPR does not apply, but could shape ongoing treatment

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and pathway decisions. An ADRT may be in place detailing a patient's wish to refuse treatment.

Remember that people can make life choices even if they are not terminally ill and chose to have a DNACPR in case of sudden cardiac arrest.

Key points:

- Remember we are all patient advocates and it is our responsibility to act in the best interests of the patient, and allow patients to die with dignity.
- If in any doubt, start CPR whilst gaining further information (paperwork/history etc.), which will support your decision to stop. There is no requirement to continue for 20 minutes, if you find out something which supports not resuscitating. If no explicit decision has been made in advance and/or information regarding the patient that will aid decision making is not available, then all reasonable efforts should be made to resuscitate.
- A DNACPR decision does not override clinical judgement in the event of a reversible cause for the cardiac arrest (such as choking).
- Record all information and decisions in detail on your patient care record and ROLE form.
- If you require any support with decision making whilst at scene, please call the clinical advice line (CAL) 07753950843. The clinicians can help to support you with the process and can offer advice.

Useful further reading:

- UK Clinical Practice Guidelines 2016
- Decisions relating to CPR , October 2014 (BMJ, RCN and the Resuscitation Council)
- Deciding Right. Your Life, Your Choice, May 2015 (www.nescn.nhs.uk)