

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

All three copies must have full details

Adults aged 16 years and over

Name _____
Address _____
Date of birth _____ Ward _____
NHS number _____



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 Does the patient have capacity to make and communicate decisions about CPR?
If "YES" go to box 2, If "NO" complete a Mental Capacity Form YES / NO
If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition? YES / NO
If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? YES / NO
If "YES" they must be consulted.
All other decisions must be made in the patient's best interests and comply with current law.

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

3 Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:

4 Summary of communication with patient's relatives or friends:

Name: _____ Relationship: _____

5 Names of members of multidisciplinary team involved in this decision:

6 Healthcare professional recording this DNACPR decision:

Name (printed) _____ Position _____
Signature _____ Date _____ Time _____

7 Review and endorsement by ST3 and above:

Name (printed) _____ Position _____
Signature _____ Date _____ Time _____

Indefinite Decision? YES / NO Review date (if appropriate): / /

Reviewer details:
Name (printed) _____ Position _____
Signature _____ Date _____ Time _____

PATIENT COPY