DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

Adults aged 16 years and over. In the event of cardiac or respiratory arrest do not attempt cardiopulmonary resuscitation (CPR). All other appropriate treatment and care will be provided.

NHS
East and North Hertfordshire
NHS Trust

DO NOT PHOTOCOPY

Name:	(OR USE ADDRESSOGRAPH)		
Address:			
		Postcode:	
NHS number:		**Date of birth:**	

ORIGINAL
PATIENT COPY TO BE GIVEN TO PATIENT ON DISCHARGE IF APPROPRIATE

Date of DNACPR order:

REASON FOR DNACPR DECISION (tick one or more boxes and provide further information)

☐ CPR is unlikely to be successful (i.e. medically futile) because:

☐ Successful CPR is likely to result in a length and quality of life not in the best interests of the patient because:

☐ Patient does not want to be resuscitated as evidenced by:

RECORD OF DISCUSSION OF DECISION (tick each box and provide further information)

Does the patient have capacity to make and communicate decisions about CPR? Yes ☐ No ☐
If 'no' say why not and follow Trust-wide policy for Mental Capacity Act 2005.

Discussed with the patient / Lasting Power of Attorney (health & welfare)? Yes ☐ No ☐
If 'yes' record content of discussion. If 'no' say why not discussed.

Discussed with relatives / carers / others? Yes ☐ No ☐
If 'yes' record name, relationship to patient and content of discussion. If 'no' say why not discussed.

Discussed with other members of the health care team? Yes ☐ No ☐
If 'yes' record name, role and content of discussion. If 'no' say why not discussed.

Named Nurse:		Signature:			
Position:		Date:		Time:	

Is DNACPR decision indefinite? Yes ☐ No ☐ If 'no' specify review date:

HEALTHCARE PROFESSIONAL COMPLETING THIS DNACPR ORDER (ST3 or above)

Name:		Signature:			
Position:		Date:		Time:	

REVIEW AND ENDORSEMENT BY RESPONSIBLE SENIOR CLINICIAN (Consultant)

Name:		Signature:			
Position:		Date:		Time:	

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Name:	(OR USE ADDRESSOGRAPH)		
Address:			
		Postcode:	
NHS number:		**Date of birth:**	

ENHT COPY
FILE IN MEDICAL NOTES

Date of DNACPR order:

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Named Nurse:		Signature:			
Position:		Date:		Time:	

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HEALTHCARE PROFESSIONAL COMPLETING THIS DNACPR ORDER (ST3 or above)

Name:		Signature:			
Position:		Date:		Time:	

REVIEW AND ENDORSEMENT BY RESPONSIBLE SENIOR CLINICIAN (Consultant)

Name:		Signature:			
Position:		Date:		Time:	

Decision-making framework

Is cardiac or respiratory arrest a clear possibility for the patient?

No → It is not necessary to discuss CPR with the patient unless they express a wish to discuss it.

Yes

Is there a realistic chance that CPR could be successful?

No → If a DNACPR decision is made on clear clinical grounds that CPR would not be successful there should be a presumption in favour of informing the patient of the decision and explaining the reason for it (see section 5). Those close to the patient should also be informed and offered explanation, unless a patient's wish for confidentiality prevents this.

Where a patient lacks capacity and has a welfare attorney or court-appointed deputy or guardian, this representative should be informed of the decision not to attempt CPR and the reasons for it, as part of the ongoing discussion about the patient's care.

Where a patient lacks capacity, the decision should be explained to those close to the patient without delay. If this is not done immediately, the reasons why it was not practicable or appropriate must be documented (see section 5).

If the decision is not accepted by the patient, their representative or those close to them, a second opinion should be offered.

Yes

Does the patient lack capacity **AND** have an advance decision specifically refusing CPR

OR have an appointed attorney, deputy or guardian?

Yes → If a patient has made an advance decision refusing CPR, and the criteria for applicability and validity are met, this must be respected.

If an attorney, deputy or guardian has been appointed they must be consulted (see sections 9.1 and 10).

No

Does the patient lack capacity?

Yes → Discussion with those close to the patient must be used to guide a decision in the patient's best interests (see section 10). When the patient is a child or young person, those with parental responsibility should be involved in the decision where appropriate, unless the child objects (see section 11).

No

Is the patient willing to discuss his/her wishes regarding CPR?

No → Respect and document their refusal (see section 6.3). Discussion with those close to the patient may be used to guide a decision in the patient's best interests, unless confidentiality restrictions prevent this.

Yes

The patient must be involved in deciding whether or not CPR will be attempted in the event of cardiorespiratory arrest.

- If cardiorespiratory arrest occurs in the absence of a recorded decision there should be an initial presumption in favour of attempting CPR.
- Anticipatory decisions about CPR are an important part of high-quality health care for people at risk of death or cardiorespiratory arrest.
- Decisions about CPR are sensitive and complex and should be undertaken by experienced members of the healthcare team with appropriate competence.
- Decisions about CPR require sensitive and effective communication with patients and those close to patients.
- Decisions about CPR must be documented fully and carefully.
- Decisions should be reviewed with appropriate frequency and when circumstances change.
- Advice should be sought if there is uncertainty.

BMA,RCUK,RCN (2016) Decisions Relating to Cardiopulmonary Resuscitation. 3rd edition (1st revision).