

## Key Messages relating to introduction of modified Hertfordshire Do Not Attempt Cardiopulmonary Resuscitation DNACPR Form (Updated Sept 2018)

Since the launch of the regional East of England DNACPR form in 2015, the imperative to assess and record capacity for all decisions- including that related to DNACPR, has been highlighted by different organisations. This need has led to adaptations of the regional East of England DNACPR form and specifically to the launch of a modified Hertfordshire-wide DNACPR to allow documentation of the assessment of capacity.

**The following key messages are designed to support the use of this new form.**

- 1) All the principles of viewing DNACPR conversations within the wider context of Advance Care Planning and keeping what is important to the patient at the centre **remains the same**
- 2) You are now required to document whether the patient has **capacity** to make and communicate decisions about CPR according to the principles laid out in the Mental Capacity Act (2005)
- 3) If there is any doubt about capacity, you are required to complete a **Mental Capacity Assessment Form** and **Best Interests Form** according to your local policy and this documentation has to be kept with the DNACPR
- 4) If the patient does not have capacity you are required to check and document whether they have made an **Advance Decision to Refuse Treatment** which applies to the current decision about CPR. You are also required to document all possible attempts to contact any individuals appointed by the patient as a **Lasting Power of Attorney (Health and Welfare)**. If the LPA (Health and Welfare) cannot be contacted this must be documented and a best interest decision completed in discussion with others supporting the patient.
- 5) In circumstances where the patient is assessed as **not having capacity** to participate in DNACPR discussions, it is best practice for a doctor to complete a DNACPR form.
- 6) The pdf version of the DNACPR form will be added to the DXS system for GPs to download. The form will also be held on the CCG website and sent out to other organisations to upload onto their local systems. The form should ideally printed in colour (to aid easy recognition by ambulance staff)
- 7) The **original signed copy** must remain at the home of the patient and with the patient. Photocopied forms are not acceptable (the signature must be an original “wet” signature, even if the form is in black and white). It should be stored in a readily accessible place. (In the event of a care home resident being transferred to hospital and the care home being unwilling to release the original copy of the form, a copy can be taken to cover the ambulance crew during transfer -as long as they sign the photocopied form to say they have seen the original)
- 8) All DNACPR forms should be accompanied by **EPaCCS** (Electronic Palliative Care Co-Ordination Systems) documentation, with evidence of consent recorded in the notes for this process and Best Interests Form and discussion if capacity for this decision is lacking
- 9) If you have any queries please **speak with your local palliative care team**
- 10) If a patient has a valid DNACPR form from the Hertfordshire acute sector with them, a new Hertfordshire DNACPR form **does not** need completing. It is the responsibility of an attending clinician to check the DNACPR form has been completed correctly and is valid.