



DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)*

Full name of patient:
Patient CHI: Date of Birth:
Address:
..... Postcode:.....



DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) *

This decision applies only to CPR treatment where the patient is in Cardiopulmonary arrest.

Patients must continue to be assessed and managed with whatever treatments are appropriate for their health and comfort irrespective of their DNACPR status (this may include emergency assessment if appropriate in the event of unexpected deterioration).

A decision has been taken (please indicate below) that the above patient is **not** for attempted Cardiopulmonary Resuscitation (CPR). Any discussion around this decision (with patients, relatives, team members etc) must clearly be documented in patient's notes.

Please tick one of the three boxes below

CPR is unlikely to be successful due to:**

(NB: It is essential that the patient/relevant other is made aware of this decision if this DNACPR form is to go home with the patient. Every effort should be made to do this in other situations but, where CPR will fail, the decision can be documented without discussion.)

This **has** been discussed with patient/relevant other:
(name.....)
(Tick whenever discussion has occurred and record details of discussion in patient's notes).

The likely outcome of successful CPR would not be of overall benefit to the patient.
(The patient's informed views and wishes are of paramount importance for this decision).

One of the following circles must be ticked;

- Decided with the patient who has capacity for the decision.
- Decided with the patient's legally appointed welfare guardian/welfare attorney/person appointed under an intervention order:
(name.....)
- Patient lacks capacity for the decision and no legal welfare guardian/welfare attorney/person appointed under an intervention order can be identified. Decision made on basis of overall benefit to the patient in discussion with:
(name(s).....)

CPR is not in accord with a valid advance healthcare directive/decision (living will) which is applicable to the current circumstances.

*See full policy guidelines. **Record underlying condition(s) e.g. end stage heart failure; end stage Chronic Obstructive Pulmonary Disease; large intracerebral haemorrhage with coning; etc.

(For hospital inpatients Junior Doctors with **full GMC licence to practise** can sign but the decision must be fully discussed and agreed with the **Responsible Senior Clinician** who should then sign at the next available opportunity.)

FOR HOSPITAL INPATIENTS	
Junior Doctor's Signature:	Date:
Print full name:	
Responsible Senior Clinician's Signature: (Dr or Nurse)	Date:
Print full name:	Review time frame:

The **Responsible Senior Clinician** = most senior clinician assuming clinical responsibility for the patient during that care period who has the appropriate capability and knowledge (e.g. GP, Consultant, Staff Grade doctor, Associate Specialist, Nurse, Out of Hours Clinician).

This original DNACPR Form should follow the patient (e.g. On admission to, discharge from or transfer between hospitals). Please note that if the DNACPR Form is to be at home with the patient this must be discussed with them and the relevant others to ensure they are aware of its positive role in ensuring the patient receives appropriate care at home.





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DNACPR status must be reviewed, in line with the initial time frame indicated, on a clinically appropriate basis and on transfer of clinical responsibility (e.g. Hospital to community). It is essential that the OoH Service is informed for patients in the community.

Review Date	Responsible Clinician's Signature	Outcome (circle review decision)		Review Date	Responsible Clinician's Signature	Outcome (circle review decision)	
		DNACPR still applicable	DNACPR reversed			DNACPR still applicable	DNACPR reversed
		DNACPR still applicable	DNACPR reversed			DNACPR still applicable	DNACPR reversed
		DNACPR still applicable	DNACPR reversed			DNACPR still applicable	DNACPR reversed
		DNACPR still applicable	DNACPR reversed			DNACPR still applicable	DNACPR reversed

Reversal of a DNACPR order should be recorded on the Form which should be scored through with a permanent marker to indicate the order is now obsolete and then filed in the back of the medical notes.

Ambulance Crew Instructions

In the event of a Cardiopulmonary Arrest, please do not attempt CPR or defibrillation for this patient. All other types of supportive care should be given as appropriate as with any other patient where there is a deterioration in clinical condition.

If, whilst in transit, the patient's condition suddenly deteriorates such that death occurs or is imminent, please Contact

Name & Tel No: and take the patient to

Thank you for your cooperation in this matter.

Signed (Nurse or Dr): Name: Date:

GP name/address:

Postcode:

For patients at home or being discharged home only

- The original Form should go home with the patient on discharge if appropriate. The following should be done by nursing/medical staff as part of discharge planning.
- The patient and their relevant others **should be aware** of the DNACPR Form and understand its purpose and how it may be helpful in an emergency (**Essential if DNACPR form is to follow the patient on discharge home, and desirable for other community settings e.g patient's home or care home**).
- The appropriate community services (GP, District Nurse (DN), Care Home staff, OoH Services etc) must be made aware that a DNACPR order is in place.
- Where a DNACPR Form is not with a patient at home everyone should be aware that paramedics and police may provide a full emergency response if called to attend.
- Where it has not been possible to have a discussion to allow the DNACPR Form to be at home with the patient it should not be given to the ambulance crew but should be shown to them prior to the journey. The information that the form is not going home with the patient, and the reason why, must be communicated to the GP.

Have the patient/relevant other(s), been made aware that a DNACPR order is in place?

Yes No Reason if No

GP, DN and OoH Services must be aware of the DNACPR Form if it is to be with a patient at home.

Have the GP and Community Nurse(s), been made aware that a DNACPR order is in place?

Yes No Reason if No

Have the OoH Services, been made aware that a DNACPR order is in place?

Yes No Reason if No

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