Clyde
Emergency Medicine

Do not attempt cardio-pulmonary resuscitation decisions (DNACPR) within the ED

1) Patients nearing end of life should have a resuscitation decision made before leaving the Emergency Department, where significant deterioration or death is likely within 24 hrs of admission to hospital.

2) **All DNACPR decision should discussed with a senior clinician (ST3 and above),**

3) A DNACPR decision should always be discussed with the patient if they have capacity, unless it is felt that the discussion may cause physical or psychological harm, or unless the patient indicates that they do not want to be involved in treatment decisions. **Involve a senior doctor early in the discussion.**

4) DNACPR decisions should be discussed with a patient's family wherever possible.

5) Discussions should be clearly documented and if a decision is taken not to discuss a decision for DNACPR with a patient, the reasons should be clearly documented e.g. "not appropriate at this stage".

Some patients will come to hospital with a DNACPR order already in place. This should be briefly reviewed to check that circumstances have not changed and recorded in the patients' notes.

For patients presenting with terminal illness but not nearing end of life decisions, discussion regarding DNACPR are better initiated by the in-patient team taking over the patient's care and the duty for this should be handed over to them.

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