

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

ADULTS AGED 16 YEARS AND OVER

DNACPR adult.v6 (11/ 2014)

Date of DNACPR order:

/ /

DO NOT PHOTOCOPY

Name _____
Address _____
Date of birth _____
NHS or hospital number _____

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) should be made for this person. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR? YES / NO
If "YES" go to box 2. If "NO" complete the following questions before going to box 2.
If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition? If "YES" go to box 6 or 7 YES / NO
If "NO", has the patient appointed a Lasting Power of Attorney for Health and Welfare (LPA – H&W) to make decisions on their behalf? If "YES" they must be consulted. YES / NO
All decisions must be made in the patient's best interests and comply with current law. Go to box 2

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

3 Summary of communication with patient (or LPA – H&W if applicable). There is a legal requirement that all DNAR decisions are discussed with the patient (or their representative where the patient lacks capacity) unless it is felt that to do so would cause the patient physical or psychological harm. If this is felt to be the case then please document the reasons here: (To be completed in all cases)

4 Summary of communication with patient's relatives / friends / IMCA (if lacks capacity & unbefriended):
Has the Decisions about CPR leaflet been given to the patient or their representative? Yes If NO please detail the reason. (To be completed in all cases)

5 Names of members of multidisciplinary team contributing to this decision: (To be completed in all cases)

6 Medical healthcare professional completing this DNACPR order - Specialist Trainee 3/Specialist Registrar or higher. NB: This section is NOT required if the form is completed by a Consultant who should complete box 7

Name _____ Grade / position _____
Organisation: Salisbury District Hospital Organisation phone number: 01722 336262
Signature _____ Date _____ Time _____

7 Completion or review and endorsement by the Consultant. NB: This decision should be reviewed & countersigned by the consultant within 48 hours of the decision in SFT

Signature _____ Name _____ Date _____ Time _____

Review date (if appropriate) _____

Signature _____ Name _____ Date _____
Signature _____ Name _____ Date _____

This form should be completed legibly in black ball point ink
All sections should be completed

- The patient's full name, date of birth and address should be written clearly.
- The date of writing the order must be entered.
- This order will be regarded as "INDEFINITE" unless it is clearly cancelled or a definite review date is specified.
- The order should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare institution to another admitted from home or discharged home.
- If the decision is cancelled the form should be crossed through with 2 diagonal lines in black ball-point ink and "CANCELLED" written clearly between them, signed and dated by the healthcare professional cancelling the order.
- There is a legal requirement that all DNACPR decisions are discussed with the patient (or their representative where the patient lacks capacity) unless it is felt that to do so would cause the patient physical or psychological harm. If this is felt to be the case then document the reasons in section 3 of this form.
- Each section must be completed if it is not possible to discuss the decision at the time of completing the form please clearly state the reason such as family not available etc. and ensure this discussion then takes place at the earliest opportunity.

1. Does the patient have capacity to make and communicate decisions about CPR?

Record the assessment of capacity in the clinical notes. Ensure that any advance decision is valid for the patient's current circumstances.

Whilst 16 and 17-year-olds with capacity are treated as adults for the purposes of consent, parental responsibility will continue until they reach age 18. Legal advice should be sought in the event of disagreements on this issue between a young person of 16 or 17 and those holding parental responsibility.

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

This must be completed in all cases and should be as detailed as possible.

3. Summary of communication with patient (or Lasting Power of Attorney for Health & Welfare (LPA – H&W) if applicable)

State clearly a summary of what was discussed and agreed. **There is a legal requirement that all DNACPR decisions are discussed with the patient (or their representative where the patient lacks capacity) unless it is felt that to do so would cause the patient physical or psychological harm.** If this is felt to be the case then please document the reasons in this section. If a patient is in the final stages of a terminal illness and discussion would cause distress without any likelihood of benefit this situation should be recorded.

4. Summary of communication with patient's relatives / friends / LPA – H&W / Independent Mental Capacity Advocate (IMCA) (if lacks capacity and is unbefriended)

If the patient lacks capacity to be consulted regarding the DNACPR decision their relatives / close friends must be consulted and may be able to help by indicating what the patient would decide if able to do so. If the patient has appointed a LPA – H&W to make decisions on their behalf, that person must be consulted.

A LPA – H&W may be able to refuse life-sustaining treatment on behalf of the patient if this power is included in the original LPA (which has been registered). If the patient lacks capacity and is 'unbefriended' an IMCA must be consulted (IMCAs are only available 'in-hours', so lack of availability must not delay the decision). Refer / consult with the IMCA about the decision at the earliest opportunity. If the patient has capacity ensure that discussion with others does not breach confidentiality. State the names and relationships of relatives or friends or other representatives with whom this decision has been discussed. More detailed description of such discussion should be recorded in the clinical notes where appropriate.

The patient or their representative should be given a copy of the leaflet **Decisions about Cardiopulmonary Resuscitation (CPR)** (available to print from ICID). Please record that this has happened in this section of the form or document the reason why this has not happened.

5. Members of multidisciplinary team

State names and positions of staff contributing to the DNACPR decision

6. Medical Healthcare professional completing this DNACPR order

State full name of the person making the DNACPR decision, their grade (must be ST3 / Specialist Registrar or above) and their signature. Complete the date and time the decision was made. Ensure that the DNACPR order has been communicated to all relevant members of the healthcare team.

7. Consultant review / endorsement

The Consultant responsible for the patient's care must be informed within 48 hours of a DNACPR order being made. The consultant should review the decision and date, time and countersign box 7 to indicate this has happened. Further endorsement should be signed whenever the decision is reviewed. A fixed review date is not recommended. Review should occur whenever circumstances change.

For the full Salisbury NHS Foundation Trust policy concerning Decisions Relating to Cardiopulmonary Resuscitation please refer to ICID.