# Appendix 5 – Decision-making framework for CPR

It is not necessary to discuss CPR with the patient unless they express a wish to address it. Other ReSPECT decisions may be appropriate.

**No**

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

If a DNACPR decision is made on clear clinical grounds that CPR would not be successful this should be discussed with the patient explaining the reason for it (see sections 3 & 4). Subject to the patient’s wishes and appropriate respect for confidentiality, those close to the patient should also be informed and offered an explanation for the decision.

Where the patient lacks capacity and has a LPA for Health & Welfare or Court-appointed deputy or guardian, this representative should be consulted regarding the decision not to attempt CPR and the reasons for it as part of the on-going discussion about the patient’s care.

Where a patient lacks capacity & there is no LPA or Deputyship, family/friends (or an appointed IMCA if no family/friends) should be consulted regarding the decision not to attempt CPR & the reasons for it as part of the on-going discussion about the patient’s care. If this is not done immediately, the reasons why it was not practicable or appropriate must be documented.

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

Yes

No

Is there a realistic chance that CPR could be successful?

Yes

Does the patient lack capacity and have an advance decision specifically refusing CPR or have an LPA for Health & Welfare or Court-appointed deputy?

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 LPA for Health & Welfare or Court-appointed deputy has been appointed they should be consulted.

Yes

No

Discussion with family / friends of the patient must be used to guide a decision in the patient’s best interests (see sections 3, 4 & 12). An IMCA must be appointed if the patient has no family / friends to consult with.

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 sections 3, 4 & 5). If the young person is aged 16 or over & lacks capacity to be involved in the decision, the MCA principles apply.

Yes

Does the patient lack capacity and there is no advanced decision to refuse CPR or Lasting Power of Attorney?

No

Respect and document their wishes (see sections 3 & 4). 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

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

* 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 care for people at risk of death or cardiorespiratory arrest, and should be made as part of a wider discussion about emergency care and treatment.
* Decisions about CPR are sensitive and complex and should be undertaken by experienced members of the healthcare team with appropriate competence.
* Decisions and CPR require sensitive and effective communication with patients and those close to patients (with due respect for confidentiality).
* Decisions about CPR must be documented fully and carefully.
* Decisions should be reviewed when circumstances change.

Yes

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