

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

In the event of cardiac or respiratory arrest do not attempt cardiopulmonary resuscitation (CPR)
All other appropriate treatment and care will be provided



East of England

Name: _____

Address: _____

Date of birth: / / _____

NHS number: _____

Date of DNACPR order:

_____ / _____ / _____

Reason for DNACPR decision (tick one or more boxes and provide further information)

CPR is unlikely to be successful [i.e. medically futile] because:

Successful CPR is likely to result in a length and quality of life not in the best interests of the patient because:

Patient does not want to be resuscitated as evidenced by:

Record of discussion of decision (tick one or more boxes and provide further information)

Discussed with the patient / Lasting Power of Attorney [welfare]? Yes No
If 'yes' record content of discussion. If 'no' say why not discussed.

Discussed with relatives/carers/others? Yes No
If 'yes' record name, relationship to patient and content of discussion. If 'no' say why not discussed.

Discussed with other members of the health care team? Yes No
If 'yes' record name, role and content of discussion. If 'no' say why not discussed.

Healthcare professional completing this DNACPR order

Name: _____ Signature: _____

Position: _____ Date: / / _____ Time: _____

Review and endorsement by responsible senior clinician

Name: _____ Signature: _____

Position: _____ Date: / / _____ Time: _____

Is DNACPR decision indefinite? Yes No If 'no' specify review date: / / _____

Is cardiac or respiratory arrest a clear possibility in the circumstances of the patient?



If there is no reason to believe that the patient is likely to have a cardiac or respiratory arrest it is not necessary to initiate discussion with the patient (or those close to patients who lack capacity) about CPR. If, however, the patient wishes to discuss CPR this should be respected.

Is there a realistic chance that CPR could be successful?



When a decision not to attempt CPR is made on these clear clinical grounds, it is not appropriate to ask the patient's wishes about CPR, but careful consideration should be given as to whether to inform the patient of the DNACPR decision. Where the patient lacks capacity and has a LPA health and welfare or CAD, this person should be informed of the decision not to attempt CPR and the reasons for it as part of the ongoing discussions about the patient's care. If a second opinion is requested, this request should be respected, whenever possible.

Does the patient lack capacity and have an advance decision refusing CPR or a LPA health and welfare with relevant authority?



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 attorney or deputy has been appointed they should be consulted.



Are the potential risks and burdens of CPR considered to be greater than the likely benefits of CPR?



When there is only a small chance of CPR being successful and/or there are questions about whether the burdens outweigh the benefits of attempting CPR, the involvement of the patient (or, if the patient lacks mental capacity, those close to the patient) in making the decision is crucial.



CPR should be attempted unless the patient has capacity and states that they would not want CPR attempted.

Please Note: Decisions about CPR are sensitive and complex and should be undertaken by experienced members of the healthcare team and documented carefully. Advice should be sought if there is uncertainty.