This DNACPR decision applies only to CPR treatment where the child, young person or adult is in cardiopulmonary arrest

- **In this individual, CPR need not be initiated and the hospital cardiac arrest team or paramedic ambulance need not be summoned**
- **The individual must continue to be assessed and managed for any care intended for health and comfort- this may include *unexpected* and reversible crises for which emergency treatment is appropriate**
- **All details must be clearly documented in the notes**

Keep original in patient's care setting

NHS

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) v17

Name:	**NHS no:**
Address:	**Date of birth:**
Postcode:	**Place where this DNACPR decision was initiated:**
GP and practice:	

1

If an arrest is anticipated in the current circumstances and CPR is not to start, tick at least one reason:

- ☐ **There is *no realistic chance that CPR could be successful* due to:** .....
  .....
- ☐ **CPR could succeed, but the individual with capacity for deciding about CPR *is refusing consent* for CPR**
- ☐ **CPR could succeed but the individual, who now does not have capacity for deciding about CPR, has a *valid and applicable ADRT or court order* refusing CPR**
- ☐ **This decision was made with the person who has parental responsibility for the child or young person**
- ☐ **This decision was made following the *Best Interests* process of the Mental Capacity Act**

2

YES NO Has there been a team discussion about CPR in this child, young person or adult?

YES NO Has the young person or adult been involved in discussions about the CPR decision?

YES NO Has the individual's personal welfare lasting power of attorney (also known as a health and welfare LPA), court appointed deputy or IMCA been involved in this decision?

YES NO Has the individual agreed for the decision to be discussed with the parent, partner or relatives?

YES NO Is there an emergency health care plan (EHCP) in place for this individual?

Key people this decision was discussed with Details of discussions must be recorded (see box right)

Details can be found in:

3

Junior doctor (must have GMC licence plus full registration and agree DNACPR with responsible clinician below *before* activating DNACPR)	Sign: Name:	Status: GMC no: Date: Time:
Senior responsible clinician (If a junior doctor has signed, the senior responsible clinician must sign this at the next available opportunity)	**Sign:** **Name:**	**Status:** GMC/NMC no: **Date: Time:**

4

For those individuals transferring to their preferred place of care

If the individual has a cardiopulmonary arrest during the journey, DNACPR and take the patient to:

The original destination ☐ Journey start ☐

Try to contact the following key person

Name: **Status:** **Tel:**

5

This DNACPR is valid for 12 months from either the date of the initial signing or the last review date

Check for any change in clinical status that may mean cancelling the DNACPR.

Reassessing the decision regularly does not mean burdening the individual and family with repeated decisions, but it does require staff to be sensitive in picking up any change of views during discussions with the individual, partner or family.

Any senior responsible clinician who knows the patient can review the DNACPR decision

Date review was done	Name and signature of reviewer
Review if the patient or persons discussed with ask for a review or whenever the condition or situation changes	

Form originally developed by the NHS North East *Deciding right* initiative

6

Making a CPR decision

v60 Adapted from: 2014 BMA/RC/RCN Decisions related to CPR; *Clinical Medicine*, 2005; **5**: 354-60; and *A Guide to Symptom Relief in Palliative Care, 6th ed* Radcliffe Medical Press, 2010.

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

No

It is often appropriate to consider CPR in assessing a patient but, if there is no reason to anticipate an arrest, a clinician cannot make a DNACPR decision in advance. A patient with capacity retains the right to refuse CPR in any circumstances.

Consequences:

- The young person or adult with capacity must be given opportunities to receive information or an explanation about any aspect of their treatment. If the individual wishes, this may include information about CPR treatment and its likely success in different circumstances.
- Continue to communicate progress to the individual (and to the partner/family if the individual agrees).
- Continue to elicit the concerns of the individual, partner or family.
- Review regularly to check if circumstances have changed

In the event of an unexpected arrest: carry out CPR treatment if there is a reasonable possibility of success (if in doubt, start CPR and call for help from colleagues, arrest team or paramedics).

Yes

Is there a realistic chance that CPR *could* be successful?

No

It is likely that the individual is going to die naturally because of an irreversible condition. Consent is not possible since CPR is not an available option, but communication about end of life issues should continue.

Consequences:

- Document the reason why there is no realistic chance that CPR could be successful, eg. *"Deterioration caused by advanced cancer."*
- Continue to communicate progress to the patient (and to the partner/family if the patient agrees or if the patient lacks capacity). This explanation may include information as to why CPR treatment is not an option.
- Continue to elicit the concerns of the individual, partner, family or parents.
- Review regularly to check if circumstances have changed
- To allow a comfortable and natural death effective supportive care should be in place, with access if necessary to specialist palliative care, and with support for the partner, family or parents.
- If a second opinion is requested, this should be respected.

In the event of the expected death, AND (Allow Natural Dying) with effective supportive care in place, including specialist palliative care if needed.

Yes

Does the individual lack capacity for a CPR decision?

Yes

- *In children and young people:* discuss the options with the person who has parental responsibility.
- *In adults:* check if there is a valid and applicable Advance Decision to Refuse Treatment (ADRT) refusing CPR, a registered and signed Personal Welfare (Health & Welfare) Lasting Power of Attorney order (with its accompanying 3rd party certificate) with the authority to decide on life-sustaining treatment, or a court appointed deputy is involved. The most recent order takes precedence. Otherwise the decision must be made following the *Best Interests* process as required by the Mental Capacity Act, with the decision-making process clearly documented. If nobody is available to speak for the individual or there is disagreement amongst the family, appoint an Independent Mental Capacity Advocate (IMCA).

No

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

Yes

- *When there is only a small chance of success and there are questions whether the burdens outweigh the benefits of attempting CPR:* the involvement of the individual in making the decision is paramount if they have the capacity to make this decision.

In case of serious doubt or disagreement further input should be sought from a local Clinical Ethics Advisory Group or, if necessary, the courts.

No

CPR should be attempted unless the individual has capacity and states that they do not want CPR attempted

- Decisions about CPR can be sensitive and complex and should be undertaken by experienced members of the healthcare team and documented carefully.
- Decisions should be reviewed regularly and when the circumstances change.
- Advice should be sought if there is any uncertainty over a CPR decision

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PREVIOUS RESUSCITATION STATUS v17

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Address: **Date of birth:**

Postcode: **Place where this DNACPR decision was initiated:**

GP and practice:

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