

# DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Yorkshire & Humber Regional Form for Adults and Young People aged 16 and over (v13)

**In the event of cardiac or respiratory arrest NO attempts at cardiopulmonary resuscitation (CPR) will be made. All other treatment should be given where appropriate.**

NHS No	Hospital No	Next of Kin / Emergency Contact
Name		
Address		Relationship
Postcode	Date of Birth	Tel Number

## Section 1 Reason for DNACPR decision: Select as appropriate from A - D

*Details of all discussions, mental capacity assessments and MDT decisions must be recorded in the patient's notes.*

A.  CPR has been discussed with this patient. It is against their wishes and they have the mental capacity to make this decision. *(Guidance overleaf)*

B.  CPR is against the wishes of the patient as recorded in a valid advance decision *(Guidance overleaf)*  
The right to refuse CPR in an Advance Decision only applies from the age of 18.

C.  The outcome of CPR would *not* be of overall benefit to the patient and: *(Guidance overleaf)*  
 i) They lack the capacity to make the decision  or  
 ii) They have declined to discuss the decision   
**This represents a best interests decision and must be discussed with relevant others**

This has been discussed with .....(name) on..... (date/time) Relationship to patient:.....

D.  CPR would be of *no clinical benefit* because of the following medical conditions: *(Guidance overleaf)*

**In these situations when CPR is not expected to be successful,  
it is good practice to explain to the patient and/or relevant others why CPR will not be attempted.**

This has been discussed with the patient  Date:...../...../..... Time: .....

This has not been discussed with the patient  Specify Reason: .....

This has been discussed with .....(name) on .....(date/time) Relationship to patient:.....

## Section 2 Review of DNACPR decision: Select as appropriate from i OR ii

i) DNACPR decision is to be reviewed by: ..... *(specify date)*

Review Date	Full Name and Designation	Signature	DNACPR still applies	Next Review Date
			<input type="checkbox"/> <i>(tick)</i>	
			<input type="checkbox"/> <i>(tick)</i>	
			<input type="checkbox"/> <i>(tick)</i>	

ii) DNACPR decision is to remain valid until end of life  *(tick)*

## Section 3 Healthcare professionals completing DNACPR form *(Guidance overleaf)*

Date: ..... Time: .....	<i>(Countersignature if required)</i>
Signature: .....	Date: ..... Time: .....
Print name:.....	Signature: .....
Designation & Organisation .....	Print name:.....
GMC / NMC No:.....	Designation & Organisation .....
	GMC / NMC No: .....

These guidelines are based on an agreement within the Yorkshire and Humber region.

This form can be red or black-bordered.

For more details refer to your local policy relating to DNACPR.

*This is not a legally binding document; the decision may change according to clinical circumstances*

## Section 1 Guidance (Please write legibly and with black ink)

### Option A

Record details in the patient's notes, including the assessment of the patient's mental capacity to make this decision.

### Option B

The Mental Capacity Act (2005) confirms that an advance decision refusing CPR will be valid and therefore legally binding on the healthcare team, if:

1. The decision is in writing, signed, witnessed and the patient is aged 18 or over;
2. It includes a statement that the advance decision is to apply even if the patient's life is at risk;
3. The advance decision has not been withdrawn;
4. The patient has not, since the advance decision was made, appointed a welfare attorney to make decisions about CPR on their behalf;
5. The patient has not done anything clearly inconsistent with its terms; and
6. The circumstances that have arisen match those envisaged in the advance decision.

**16 and 17-year-olds:** *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*

### Option C

1. The term "*overall benefit*" is used in the context defined by GMC Guidance 2010 (Treatment & Care towards the End of Life; pg. 40-46; paragraphs 6, 13) and takes into account "*best interests*" as defined by the Mental Capacity Act, 2005.
2. Whenever possible, this situation **must** be discussed with relevant others before completing the form. Record details of your discussion in the patient's notes.
3. The term "*relevant others*" is used to describe a patient's relatives, carers, representatives, people with lasting power of attorney, independent mental capacity advocates (IMCAs), advocates, and court appointed deputies (refer to Mental Capacity Act) <http://www.dh.gov.uk>

### Option D

Record underlying condition/s (e.g. poor Left Ventricular Function, End stage obstructive airway disease, disseminated malignancy) and complete necessary discussions with patient and/or relevant others as soon as possible

## Section 2 Review – In accordance with your Local Policy

It is considered good practice to review DNACPR status in the following circumstances:

- At the consultant ward round, MDT or Gold Standards Framework meeting;
- On transfer of medical responsibility (e.g. hospital to community or vice versa); or
- Whenever there are significant changes in a patient's condition.

Cancellation of DNACPR: When the form is no longer valid, either because the patient is for CPR or because a new form has been completed, it must be marked as cancelled by making two thick, dark, diagonal lines across the form, writing **CANCELLED** in large capitals and adding your signature and date. It should then be filed in the patient's notes.

## Section 3 Authorisation

Responsibility for making the DNACPR decision lies with a senior doctor (e.g. Consultant, GP) who has responsibility for the patient. In some localities, other healthcare professionals who have undertaken the necessary training may make the DNACPR decision.

Countersignature: If junior medical staff or other authorised professionals have been instructed to sign the form by a senior clinician, the form should be countersigned by the senior doctor, as soon as possible or as per local policy.

Any supplementary information (e.g. family informed by nursing staff at later stage) should be signed and dated by the entry.

## COMMUNICATING DNACPR DECISIONS

It is the responsibility of the healthcare team completing the form to ensure that the DNACPR status is communicated to all who need to know.

For patients being transferred between different care settings, it is essential that:

1. Where patients are being transferred to community (e.g. home or care home): the DNACPR status and an explanation of the role of the form in an emergency should be communicated to patient (if appropriate) and '*relevant others*'.
2. Send the **original form** with the patient. A photocopy or carbon copy version should be retained in the patient's notes for audit, marked with the words '**COPY**' in large capitals, signed and dated.
3. For discharges to community settings: communicate to the GP, Out of Hours service and any other relevant services as appropriate.