

Affix patient label

Patient Name
Patient DOB
NHS number

Adult aged 16 years and over



Department/Ward:.....

Organisation/Hospital:.....

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

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

Section 1- Legal Basis for DNACPR

Circle the legal basis on which this DNACPR has been put in place:

A B C D E

This form is ONLY valid if the corresponding section overleaf is completed IN FULL.

Section 2 – Continuation of DNACPR

Is it the intention that this DNACPR decision is to remain valid after patient discharge/transfer? **Yes/No**
(See section 6 for what to do at patient discharge).

Section 3 - Healthcare professional recording this DNACPR decision

Name: Position:

Signature: Date: Time:

Ensure nursing staff are informed of this DNACPR decision and eObs is updated.

Does the patient have an implantable defibrillator (or similar)? Do you need to contact cardiology to have it deactivated?

Section 4 - Endorsement by most senior healthcare professional

Name: Position:

Signature: Date: (max 3 months from decision date).

Section 5 – Ongoing review of DNACPR

DNACPR decisions should be kept under regular review as circumstances change. Record dates of review below:

Name: Position: Signature: Date:

Name: Position: Signature: Date:

Name: Position: Signature: Date:

Section 6 – On Patient Discharge

If DNACPR is to remain in place following discharge/transfer (see section 2):

Ensure patient/family is aware of DNACPR and that it will remain in place

Inform GP and/or team taking over patient care

Send original form with patient

Place photocopy of form in patient notes

If DNACPR is NOT to remain in place following discharge/transfer (see section 2):

Draw 2 diagonal lines through this form and write 'CANCELLED' on patient

discharge and file in patient notes

This form is only valid if sections 1 – 4 are completed in FULL. Do not rely on this form if you have concerns about its completion.

Mental Capacity Assessment

Following discussion/attempted discussion with the patient I can confirm:

I have no reason to doubt the patient's mental capacity in relation to a CPR decision

OR

I believe the patient lacks capacity to make a decision regarding CPR for the following reason (only 1 needs to be selected):

The patient is unable to understand the relevant information

The patient is unable to retain the relevant information for long enough to make a decision

The patient is unable to weigh up the information in order to arrive at a decision

The patient is unable to communicate the outcome of their decision

Written information (e.g. organisational leaflet) has been provided to the patient/family/carer.....**Yes/No**

Section 1 – Legal basis for DNACPR Decision

Please select and complete A,B,C,D or E below.

A	Attempts at CPR will be medically ineffective for the following reasons. CPR is therefore not an option the healthcare team are offering. This has been discussed with the patient on(date) and a 2 nd opinion has been offered OR this has been discussed with the family/carers (where the patient lacks capacity) on(date) and a 2 nd opinion has been offered. If this decision has not been discussed state the reason why you believe doing so would cause physical/ psychological harm:
B	The patient has the mental capacity to make a decision regarding CPR and has decided not to receive CPR. Date discussed with patient.....
C	The patient lacks the mental capacity to make a decision regarding CPR but there is a valid and applicable Advance Decision to Refuse Treatment (ADRT) refusing CPR or a properly completed community DNACPR. <i>Copy of the ADRT/Community DNACPR should be attached to this form.</i>
D	The patient lacks the mental capacity to make a decision regarding CPR but there is a Lasting Power of Attorney (LPA) for Health & Welfare with the scope to make this decision and they have decided that it is in the patient's best interests not to receive CPR. In signing this form I confirm I have seen a copy of the LPA and verified it.
E	The patient lacks the mental capacity to make a decision regarding CPR. In the absence of an ADRT or LPA the healthcare team has agreed that CPR is not in the patient's best interests because: This decision was made following consultation with the following family/friends/carers (name and relationship): If family/friends/carers have not been consulted state the reason why you believe doing so would cause physical/ psychological harm: The healthcare professionals involved in this decision were (name and designation):