

# **Unified Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Adult Policy**

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## 1 Introduction

The chance of survival following Cardiopulmonary Resuscitation (CPR) in adults is between 5-20% depending on the circumstances. Although CPR can be attempted on any person, there comes a time for some people when it is not in their best interests to do this. It may then be appropriate to consider making a Do Not Attempt CPR (DNACPR) decision to enable the person to die with dignity.

## 2 Policy Statement

The South of England (Central) Strategic Health Authority (SofE(C) SHA) DNACPR policy will ensure the following:

- 2.1 All people are presumed to be “For CPR” unless:
- A valid DNACPR decision has been made and documented or
  - An Advance Decision to Refuse Treatment (ADRT) prohibits CPR.

Please note if there is clear evidence of a recent verbal refusal of CPR whilst the person had capacity then this should be carefully considered when making a best interests decision. Good practice means that the verbal refusal should be documented by the person to whom it is directed and any decision to take actions contrary to it must be robust, accounted for and documented. The person should be encouraged to make an ADRT to ensure the verbal refusal is adhered to.

- 2.2 There will be some patients for whom attempting CPR is inappropriate; for example, a patient who is at the end stages of a terminal illness. In these circumstances CPR would not restart the heart and breathing of the individual, and should therefore not be attempted.
- 2.3 All DNACPR decisions are based on current legislation and guidance.
- 2.4 When CPR might restart the heart and breathing of the individual, advanced discussion will take place with that individual if this is possible (or with other appropriate individuals for people without capacity); although people have a right to refuse to have these discussions.
- 2.5 A standardised form for adult DNACPR decisions will be used (See Appendix 1).
- 2.6 Effective communication concerning the individual’s resuscitation status will occur among all members of the multidisciplinary healthcare team involved in their care and across the range of care settings. This could include carers and relatives if appropriate.
- 2.7 The DNACPR decision-making process is measured, monitored and evaluated to ensure a robust governance framework.
- 2.8 Training at a local/regional level will be available to enable staff to meet the requirements of this policy.
- 2.9 This policy has been reviewed by the local Trust Legal Services Department to ensure it provides a robust framework underpinned by relevant national documents.

## 3 Purpose

- 3.1 This policy will provide a framework to ensure that DNACPR decisions:
- respect the wishes of the individual, where possible
  - reflect the best interests of the individual
  - provide benefits which are not outweighed by burden.

- 3.2 This policy will provide clear guidance for health and social care staff.
- 3.3 This policy will ensure that DNACPR decisions refer only to CPR and not to any other aspect of the individual's care or treatment options.

## 4 Scope

- 4.1 This policy applies to all of the multidisciplinary health, social and tertiary care teams involved in patient care across the range of settings within the SofE(C) SHA.
- 4.2 This policy is applicable to all individuals aged 18 and over.
- 4.3 This policy forms part of Advance Care Planning for patients and should work in conjunction with end of life care planning for individuals.

## 5 Definitions

- 5.1 Cardiopulmonary resuscitation (CPR). An emergency procedure which may include chest compressions and ventilations in an attempt to maintain cerebral and myocardial perfusion, which follows recommended current Resuscitation Council (UK) guidelines.
- 5.2 Cardiac Arrest (CA) is the sudden cessation of mechanical cardiac activity, confirmed by the absence of a detectable pulse, unresponsiveness and apnoea or agonal gasping respiration. In simple terms, cardiac arrest is the point of death.
- 5.3 The Mental Capacity Act (2005) (MCA), was fully implemented on 1 October 2007. The aim of the Act is to provide a much clearer legal framework for people who lack capacity and those caring for them by setting out key principles, procedures and safeguards. (See [www.southofengland.nhs.uk/end-of-life-care](http://www.southofengland.nhs.uk/end-of-life-care) for Mental Capacity Act in DNACPR decision making)
- 5.4 Mental Capacity An individual aged 16 (between 16-18 years are treated under the Children and young person's Advance Care Planning Policy) or over is presumed to have mental capacity to make decisions for themselves unless there is evidence to the contrary. Individuals who lack capacity will not be able to demonstrate one of the following:
- understand information relevant to the decision
  - retain that information
  - use or weigh that information as part of the process of making the decision
  - communicate the decision, whether by talking or sign language or by any other means.
- 5.5 Advance Decision to Refuse Treatment (ADRT). A decision by an individual to refuse a particular treatment in certain circumstances. A valid and applicable ADRT is legally binding.
- 5.6 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) refers to not making efforts to restart breathing and/or the heart in cases of respiratory/cardiac arrest. It does not refer to any other interventions, treatment and/or care such as fluid replacement, feeding, antibiotics etc.
- 5.7 Lasting Power of Attorney (LPA) / Personal Welfare Attorney (PWA). The Mental Capacity Act (2005) allows people aged 18 years or over, who have capacity, to make a LPA by appointing a PWA who can make decisions regarding health and wellbeing on their behalf once capacity is lost.

- 5.8 Independent Mental Capacity Advocate (IMCA). An IMCA supports and represents a person who lacks capacity to make a specific decision at a specific time and who has no family or friends who are appropriate to represent them. They must be consulted when a decision about either serious medical treatment or a long term move is being made.
- 5.9 A Court Appointed Deputy is appointed by the Court of Protection, to make decisions in the best interests of those who lack capacity but they cannot make decisions relating to life-sustaining treatment.
- 5.10 Health and Social Care Staff Anyone who provides care, or who will have direct contact with a person within a health care setting. This includes domiciliary care staff.
- 5.11 South of England (Central) (SofE(C)) Strategic Health Authority (SHA) South Central SHA has merged with South West and South East SHA to form NHS South of England. This policy covers the Central region only.

## 6 Legislation and Guidance

### Legislation

- 6.1.1 Under the Mental Capacity Act (2005), health and social care staff are expected to understand how the Act works in practice and the implications for each patient for whom a DNACPR decision has been made.
- 6.1.2 The following sections of the Human Rights Act (1998) are relevant to this policy:
- the individual's right to life (article 2)
  - to be free from inhuman or degrading treatment (article 3)
  - respect for privacy and family life (article 8)
  - freedom of expression, which includes the right to hold opinions and receive information (article 10)
  - to be free from discriminatory practices in respect to those rights (article 14).
- 6.1.3 Clinicians have a professional duty to report some deaths to the Coroner and should be guided by local practice as to the circumstances in which to do so but must always report when the deceased has died a violent or unnatural death, the cause of death is unknown, or the deceased died while in custody or otherwise in state detention.  
For more information see:  
Coroners, post-mortems and inquests: Directgov - Government, citizens and rights  
[http://www.direct.gov.uk/en/Governmentcitizensandrights/Death/WhatToDoAfterADeath/DG\\_066713](http://www.direct.gov.uk/en/Governmentcitizensandrights/Death/WhatToDoAfterADeath/DG_066713)
- 6.1.4 SofE(C) SHA policy requires the completion of an Equality Impact Assessment (EIA), an example of which can be found in Appendix 3. Each organisation will need to carry out an EIA.

### Guidance

- 6.2. The Resuscitation Council (UK):
- Recommended standards for recording "Do not attempt resuscitation" (DNAR) decisions (2009)
  - Decisions relating to Cardiopulmonary Resuscitation, A Joint Statement from the British Medical Association, the Resuscitation Council (UK), and the Royal College of Nursing (October 2007, updated November 2007).  
Decisions Relating to Cardiopulmonary Resuscitation  
<http://www.resus.org.uk/pages/dnar.pdf>

## 7 Roles and Responsibilities

- 7.1 This policy and its forms/ appendices are relevant to all health & social care staff across all sectors and settings of care including primary, secondary, independent, ambulance and voluntary. It applies to all designations and roles. It applies to all people employed in a caring capacity, including those employed by the local authority or employed privately by an agency.
- 7.2 The decision to complete a DNACPR form should be made by a Consultant/ General Practitioner (or Doctor who has been delegated the responsibility by their employer) / Registered nurse who has achieved the required competency. Registered nurses must complete the recognised competency training (designed by SofE(C) SHA) and be indemnified by their organisation. <http://www.southofengland.nhs.uk/what-we-do/end-of-life-care/central-area-documents/>
- 7.3 Health and social care staff should encourage the individual or their representative, where able, to inform those looking after them that there is a valid documented DNACPR decision about themselves and where this can be found.
- 7.4 The Chief Executive of the SofE(C) SHA is responsible for:
- ensuring that this policy adheres to statutory requirements and professional guidance
  - supporting unified policy development and the implementation in other organisations
  - ensuring that the policy is monitored
  - reviewing the policy, form and supporting documentation every two years.
- 7.5 Chief Executives of provider organisations are responsible for:
- compliance, both clinical and legal with the regional policy and procedure
  - ensuring the policy is agreed and monitored by the organisation's governance process
- 7.6 Directors or Managers responsible for the delivery of care must ensure that:
- staff are aware of the policy and how to access it
  - the policy is implemented
  - staff understand the importance of issues regarding DNACPR
  - staff are trained and updated in managing DNACPR decisions
  - the policy is audited and the audit details are fed back to a nominated Director at the SofE(C)SHA
  - DNACPR forms, leaflets and policy are available as required.
- 7.7.1 Consultants/ General Practitioners **making DNACPR decisions** must:
- be competent to make the decision
  - verify any decision made by a delegated professional at the earliest opportunity. Acute trusts must ensure that a DNACPR decision is verified by a professional with overall responsibility at the earliest opportunity
  - ensure the decision is documented (See 8.6)
  - involve the individual, following best practice guidelines when making a decision, (See 8.5) and, if appropriate, involve relevant others in the discussion
  - communicate the decision to other health and social care providers
  - review the decision if necessary.
- 7.7.2 A registered nurse making DNACPR decisions must:
- be competent to make the decision
  - document the decision (See 8.6.1)
  - involve the individual, following best practice guidelines when making a decision, (See 8.5) and, if appropriate, involve relevant others in the discussion

- communicate the decision to other health and social care providers
- review the decision if necessary.

7.8 Health & social care staff delivering care must:

- adhere to the policy and procedure
- notify their line manager of any training needs
- sensitively enquire as to the existence of a DNACPR or an ADRT
- check the validity of any decision
- notify other services of the DNACPR decision or an ADRT on the transfer of a person
- participate in the audit process.
- ambulance service staff (including private providers) must adhere to the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Guidelines.

7.9 Commissioners and Commissioned Services must:

- ensure that services commissioned implement and adhere to the policy and procedure as per local contracts
- ensure that pharmacists, dentists and others in similar health and social care occupations are aware of this policy
- ensure DNACPR education and training is available
- ensure audit of Trusts compliance with regional DNACPR paperwork, record of decision making, and any complaints/ clinical incidents involving the policy.

## 8 Process

8.1 For the majority of people receiving care in a hospital or community setting, the likelihood of cardiopulmonary arrest is small; therefore no discussion of such an event routinely occurs unless raised by the individual.

8.2 In the event of an unexpected cardiac arrest CPR will take place in accordance with the current Resuscitation Council (UK) guidelines unless:

- a valid DNACPR decision or an ADRT is in place and made known
- a suitably empowered LPA is present at the point of the arrest, this individual will then make the decision regarding commencement of CPR
- there is clear evidence of a recent verbal refusal of CPR as this needs to be considered when making a best interests decision.

8.3.1 The British Medical Association, Royal College of Nursing and Resuscitation Council (UK) guidelines consider it appropriate for a DNACPR decision to be made in the following circumstances:

- where the individual's condition indicates that effective CPR is unlikely to be successful
- when CPR is likely to be followed by a length and quality of life not acceptable to the individual
- where CPR is not in accord with the recorded, sustained wishes of the individual who is deemed mentally competent or who has a valid applicable ADRT.

8.3.2 In the event of registered health care staff finding a person with no signs of life and clear clinical signs of prolonged death, and with no DNACPR decision or an ADRT to refuse CPR, they must rapidly assess the case to establish whether it is appropriate to commence CPR (Some organisations may define other health care staff within this section). Consideration of the following will help to form a decision, based on their professional judgement which can be justified and later documented:

- what is the likely expected outcome of undertaking CPR?
- is the undertaking of CPR contravening the Human Rights Act (1998) where the practice could be inhuman and degrading?

- Is there recent evidence of a clearly maintained verbal refusal of CPR? This needs to be carefully considered when making a best interests decision on behalf of the patient
  - provided the registered health care staff has demonstrated a rationale for their decision-making, the employing organisation will support the member of staff if this decision is challenged.
8. 4. The decision-making framework is illustrated on page 10. When considering making a DNACPR decision for an individual it is important to consider the following:
- is Cardiac Arrest (CA) a clear possibility for this individual? If not, it may not be necessary to go any further
  - if CA is a clear possibility for the individual, and CPR may be successful, will it be followed by a length and quality of life that would not be of overall benefit to the person? The person's views and wishes in this situation are essential and must be respected. If the person lacks capacity, a LPA will make the decision. If a LPA has not been appointed a best interests decision will be made.
  - if the person has an irreversible condition where death is the likely outcome, they should be allowed to die a natural death and it may not be appropriate in these circumstances to discuss a DNACPR decision with the individual.
- 8.5. If a DNACPR discussion and decision is deemed appropriate, the following need to be considered:
- the DNACPR decision is made following discussion with patient/ others, this must be documented in their notes
  - the DNACPR decision has been made and there has been no discussion with the individual because they have indicated a clear desire to avoid this, then a discussion with relatives/ carers should only take place with the person's permission.
  - if a discussion with a mentally competent person, regarding DNACPR is deemed inappropriate by medical staff, this must be clearly documented in their notes.
  - the DNACPR information leaflet (See Appendix 2) should be made available where appropriate to individuals and their relatives or carers. It is the responsibility of each individual organisation to ensure that different formats and languages can be made available

### Documenting and communicating the decision

- 8.6.1 Once the decision has been made, it must be recorded on the SofE(C) SHA approved DNACPR form (See Appendix 1) and written in the person's notes. The **LILAC** form must stay with the person at all times.
- The person's full name, NHS or hospital number, date of birth, date of writing decision and institution name should be completed and written clearly. Address may change due to person's deterioration e.g. into a nursing home. If all other information is correct the form remains valid even with incorrect address.
  - In an inpatient environment e.g. hospitals, nursing homes, in-patient Specialist Palliative Care setting the triplicate form stays together in the front of the person's notes until death or discharge. On discharge (from the care setting instigating the form) the lilac copy of the form stays with the person, one white copy remains in the medical notes and one white copy is retained for audit purposes. For deceased people – lilac and one white copy stay in medical notes and one white copy is retained for audit purposes.
  - For people in their homes, the lilac form is placed in their home, a white copy remains in their notes at the GP's surgery (ensure that the DNACPR decision is recorded in the individual's electronic problem list using the appropriate Read Code) and the third white copy is retained for audit purposes. The tear-off slip on the lilac form should be completed and placed in the "message in a bottle" in the person's refrigerator. The location of the DNACPR form needs to be clearly stated on the tear off slip (e.g. my form is located in the nursing notes in the top drawer of the sideboard in the dining

room). If a “message in a bottle” is not available, a system must be put in place to ensure effective communication of the DNACPR form’s location to all relevant parties including the ambulance service

[http://www.lionsmd105.org/Community/MIAB/where\\_bottle](http://www.lionsmd105.org/Community/MIAB/where_bottle)

*Please note:*

- Where the form has been initiated in another institution it will only be the lilac copy that will be in the front of the care notes.
- If using an electronic SofE(C) SHA DNACPR form ensure one copy is printed on lilac paper, signed and given to the person. A second copy needs to be stored for audit purposes.
- If using the SofE(C) SHA DNACPR pad ensure that the lilac copy remains with the person and the white copy is retained for audit purposes.
- Information regarding the background to the decision, the reasons for the decision, those involved in the decision and a full explanation of the process, must be recorded in the individual’s notes, additionally these can be recorded in care records, care plans etc.

8.6.2 **Confidentiality:** If the individual has the mental capacity to make decisions about how their clinical information is shared, their agreement must always be sought before sharing this with family and friends. Refusal by an individual with capacity to allow information to be disclosed to family or friends must be respected. Where individuals lack capacity, and their views on involving family and friends are not known health and social care staff may disclose confidential information to people close to them where this is necessary to discuss the individual’s care and is not contrary to their interests.

8.6.3 It is the health care staff’s responsibility to ensure communication of the form. The use of an end of life care register is recommended to ensure communication of the decision across settings. It is recommended where the person is at home, the ambulance service is informed, using their warning flag procedure.

### **Discharge/ Transfer process**

8.7.1 Prior to discharge, the person, or relevant other if the person lacks capacity, **MUST** be informed of the decision. If the person is competent and it is considered that informing them of the decision would not be likely to cause distress then this should be sensitively done. The same approach should be taken towards discussion with family members.

If such discussion is likely to cause undue distress then it is usually impossible to place a DNACPR form in the person’s home until further discussions have taken place.

8.7.2 When transferring the person between settings all staff involved in the transfer of care of a person need to ensure that:

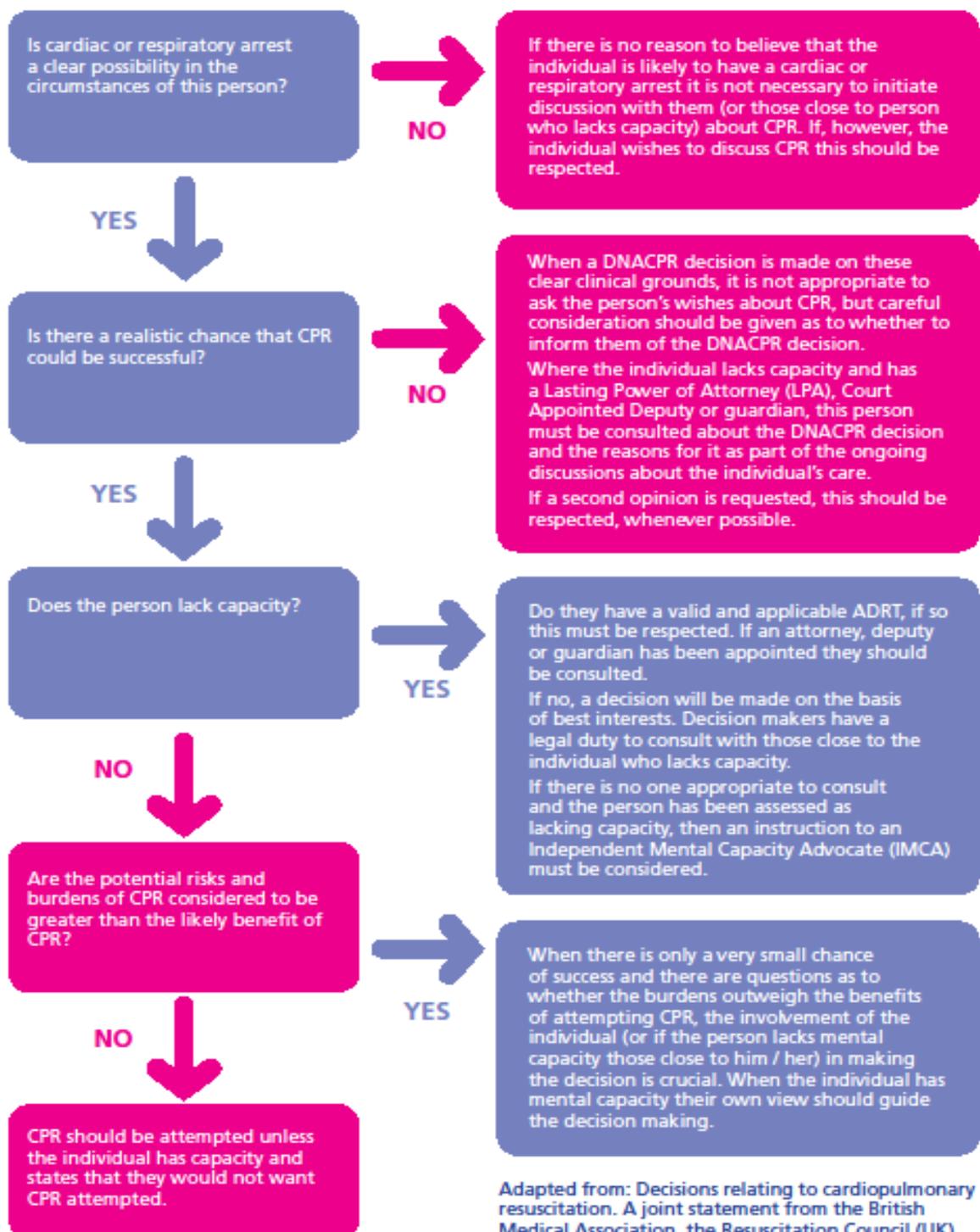
- the receiving institution is informed of the DNACPR decision.
- where appropriate, the person (or those close to the person if they lack capacity) has been informed of the DNACPR decision
- the decision is communicated to all members of the health and social care teams involved in the person’s ongoing care
- the decision has been documented on the end of life care register
- the ambulance service has been informed via the warning flag procedure.

**Ambulance transfer:** If discussion has taken place regarding deterioration during transfer the ‘Other Important Information’ section must be completed by any health care staff, stating; the preferred destination (this cannot be a public place), the name and telephone number of next of kin. If there are no details and the patient is being transferred, should they deteriorate, they will be taken to the nearest Emergency Department.

**Non ambulance transfer:** other organisations transferring patients between departments, other healthcare settings and home should be informed of, and abide by, the DNACPR decision.

- 8.7.3 Current discharge letters must include information regarding this decision. If the DNACPR decision has a review date it is mandatory that the discharging doctor speaks to the GP to inform them of the need for a review. This should be followed up with a discharge letter.
- 8.8 **Cross Boundaries:** If a patient is discharged from an institution that does not use the SofE(C) SHA DNACPR form, providing their form is agreed following clear governance and legal process, it will be recognised by health and social care staff, until a time that the information is transferred onto the SofE(C) SHA DNACPR form. Therefore, a patient who lives on the SofE(C) SHA borders may have 2 forms, depending on where they go in the region. Whenever a patient comes back into the SofE(C) SHA region, the original form is replaced in the patient's notes or a new form written if the original is not available.

## Decision-making framework



Adapted from: Decisions relating to cardiopulmonary resuscitation. A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. October 2007.

## 9 Review

9.1 This decision will be regarded as '**indefinite**' unless:

- a definite review date is specified
- there are improvements in the person's condition
- their expressed wishes change where a 1b & 1c decision is concerned.

If a review date is specified then the health care staff with overall responsibility (or a delegated representative) must contact all relevant ongoing care givers to inform them of the need for a review. This contact must initially be by phone/ in person and then followed up with a discharge letter to ensure that the details of the review are clear to all concerned. Informal reviews can take place at any time.

9.2 It is important to note that the person's ability to participate in decision-making may fluctuate with changes in their clinical condition. Therefore, each time that a DNACPR decision is reviewed, the reviewer must consider whether the person can contribute to the decision-making process. It is not usually necessary to discuss CPR with the person each time the decision is reviewed, if they were involved in the initial decision. Where a person has previously been informed of a decision and it subsequently changes, they should be informed of the change and the reason for it.

## 10 Situations where there is lack of agreement

10.1. A person with mental capacity may refuse CPR, even if they have no clinical reason to do so. This should be clearly documented in the medical and nursing notes after a thorough, informed discussion with the individual, and possibly their relatives. In these circumstances they should be encouraged to write an ADRT. An ADRT is a legally binding document which has to be adhered to, it is good practice to have a DNACPR form with the ADRT but it is not essential.

Please note if the person had capacity prior to arrest, a previous clear verbal wish to decline CPR should be carefully considered when making a best interests decision. The verbal refusal should be documented by the person to whom it is directed and any decision to take actions contrary to it must be robust, accounted for and documented. The person should be encouraged to make an ADRT to ensure the verbal refusal is adhered to (see [www.southofengland.nhs.uk/end-of-life-care](http://www.southofengland.nhs.uk/end-of-life-care) for Mental Capacity Act in DNACPR decision making)

10.2 Individuals may try to insist on CPR being undertaken even if the clinical evidence suggests that it will not provide any overall benefit. Furthermore, an individual can refuse to hold a DNACPR form in their possession. An appropriate sensitive discussion with the person should aim to secure their understanding and acceptance of the DNACPR decision and in some circumstances a second opinion may be sought to aid these discussions.

10.3 Individuals do not have a right to demand that doctors carry out treatment against their clinical judgement. Where the clinical decision is seriously challenged and agreement cannot be reached, legal advice may be indicated. This should very rarely be necessary

## 11 Cancellation of a DNACPR Decision

11.1 In rare circumstances, a decision may be made to cancel or revoke the DNACPR decision. If the decision is cancelled, the form should be crossed through with two diagonal lines in black ball-point ink and the word '**CANCELLED**' written clearly between them, dated,

signed and name printed by the health care staff. The cancelled form is to be retained in the person's notes. **It is the responsibility of the health care staff cancelling the DNACPR decision to communicate this to all parties informed of the original decision.**

- 11.2 Electronic versions of the DNACPR decision must be cancelled with two diagonal lines and the word '**CANCELLED**' typed between them, dated, signed and name printed by the health care staff.
- 11.3 On cancellation or death of the person at home, if the 'ambulance service warning flag' has been ticked on section 4 of the form, the health and social care staff dealing with the person, **MUST** inform the ambulance service that cancellation or death has occurred.

## 12 Suspension of DNACPR Decision

- 12.1 Uncommonly, some patients for whom a DNACPR decision has been established may develop CA from a readily reversible cause. In such situations CPR would be appropriate, while the reversible cause is treated, unless the patient has specifically refused intervention in these circumstances.
- 12.2 Acute: Where the person suffers an acute, unforeseen, but immediately life threatening situation, such as anaphylaxis or choking. CPR would be appropriate while the reversible cause is treated.
- 12.3 Pre-planned: Some procedures could precipitate a CA, for example, induction of anaesthesia, cardiac catheterisation, pacemaker insertion or surgical operations etc. Under these circumstances, the DNACPR decision should be reviewed prior to procedure and a decision made as to whether the DNACPR decision should be suspended. Discussion with key people, including the person if appropriate, will need to take place.

## 13 Audit

- 13.1 The SofE(C) SHA will measure, monitor and evaluate compliance with this policy through audit and data collection using the Key Performance Indicators.
- 13.2 All organisations will have clear governance arrangements in place which indicate individuals and Committees who are responsible for this policy and audit.  
This includes:
  - data collection
  - ensuring that approved documentation is utilised
  - managing risk
  - sharing good practice
  - monitoring of incident reports and complaints regarding the DNACPR process
  - developing and ensuring that action plans are completed  
(See Appendix 4 Audit Tool).
- 13.3 Frequency.
  - compliance with the policy will be audited annually using the DNACPR Audit Tool (See Appendix 4)
  - local leads will decide the number of DNACPR forms to be examined
  - all institutions must store the audit copy of the DNACPR form so that it is easily accessible when the local lead requests the information.
- 13.4 Information will be used for future planning, identification of training needs and for policy review.

## 14 References

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General Medical Council (2010) Treatment and care towards the end of life: good practice in decision making Guidance for doctors. [http://www.gmc-uk.org/static/documents/content/End\\_of\\_life.pdf](http://www.gmc-uk.org/static/documents/content/End_of_life.pdf) [Accessed 03-09-2010]

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**Appendix 1**

This form will be in triplicate format or printed on lilac paper

LILAC FORM STAYS WITH PERSON WHEREVER THEY ARE BEING CARED FOR.  
WHITE FORMS FOR AUDIT AND NOTES.

**UNIFIED DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)**

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

Version 1.1 June 2012

Name _____ Address _____ Date of birth ____/____/_____ NHS or hospital number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of DNACPR Decision ____/____/_____ www.southofengland.nhs.uk/what-we-are-doing/end-of-life-care Institution Name _____ Form completed electronically? Yes <input type="checkbox"/> No <input type="checkbox"/> Before completing this form, please see explanation notes.
<b>1. Reason for DNACPR decision</b> <input type="checkbox"/> A) CPR is unlikely to be successful due to _____ _____ The person has been informed of the decision Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason _____ The relevant other has been informed of the decision Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason _____ Name of relevant other _____ <input type="checkbox"/> B) CPR maybe successful, but followed by a length and quality of life which would not be of overall benefit to the person. • Person involved in discussions? Yes <input type="checkbox"/> No <input type="checkbox"/> If no state reason _____ • Person lacks mental capacity and has a legally appointed Welfare Attorney: Name _____ • Person lacks mental capacity and does not have a legally appointed Welfare Attorney: Decision is made on the balance of overall benefit to the person in discussion with: Name(s) _____ <input type="checkbox"/> C) There is a valid advance decision to refuse CPR in the following circumstances: All circumstances Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Circumstances (please state) _____ Attach a copy of the Advance Decision to Refuse Treatment (ADRT) to the back of the DNACPR form.	
<b>2. Person making this DNACPR decision:</b> Name _____ Position _____ Signature _____ Date ____/____/____ Time ____:____ If decision has been made by a delegated professional, the decision needs to be verified at the earliest opportunity: Name _____ Position _____ Signature _____ Date ____/____/____ Time ____:____	

**3. Review:** This is an Indefinite decision / Needs reviewing (delete as appropriate)

Review date if appropriate ____/____/_____	Outcome of review: DNACPR to continue? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name _____	Position _____
Signature _____	Date ____/____/____ Time ____:____

**4. Who has been Informed of this DNACPR decision?**

GP       Ambulance Warning Flag       Out of Hours

Care Provider (Please state) \_\_\_\_\_

Other (Please state) \_\_\_\_\_

**5. Other Important Information:**  
For example, Ambulance crew instructions on transit, Ceilings of treatment, Preferred place of care/ death.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**uDNACPR**

**uDNACPR**

Cut off slip and place in "message in a bottle"

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

NHS or hospital number

The DNACPR form is located \_\_\_\_\_

## **UNIFIED DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)**

Consider using this form (as part of Advance Care Planning (ACP), if you would not be surprised if the patient were to die in the next year. For more info on ACP please access the toolkit at <http://www.southofengland.nhs.uk/wp-content/uploads/2012/04/ACP-toolkit-v5.pdf>

This is **not** an Advance Decision to Refuse Treatment (ADRT). [www.adrt.nhs.uk](http://www.adrt.nhs.uk)

### **Explanation Notes** This form should be completed legibly in black ball point ink

- The person's full name, NHS or Hospital number, date of birth, date of writing the decision and institution name should be completed and written clearly. Address may change due to person's deterioration e.g. into a nursing home. If all other information is correct the form remains valid even with incorrect address.
- If the decision is cancelled the form should be crossed through with 2 diagonal lines in black ball-point ink and "CANCELLED" written clearly between them, signed and dated by the healthcare staff. It is the responsibility of the healthcare staff cancelling the DNACPR decision to communicate this to all parties informed of the original decision (see section 4 on form).
- Electronic form must be printed and signed on lilac paper and copies kept for audit purposes and notes.
- Triplicate forms, keep together until person is discharged/ dies or decision is cancelled. Lilac with the person, 1st white copy for audit and 2nd white copy retain in the notes.

### Compulsory sections of the form: Top section, Section 1 and Section 2.

1.	<b>Reason for DNACPR decision</b>	
1.A	CPR is unlikely to be successful	Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the person's best interests. Be as specific as possible. In this situation discussion with person / relevant other is not compulsory, although it is considered best practice to inform the person of the decision, if the person is discharged home they need to know about the decision. Record the details of discussion or the reason for not discussing in the person's notes.
1.B	CPR may be successful, but may be followed by a length and quality of life which would not be of overall benefit to the person	Summary of communication with person... State clearly what was discussed and agreed. If this decision was not discussed with the person state the reason why this was inappropriate. If the person does not have capacity their relatives or friends must be consulted and may be able to help by indicating what the person would decide if able to do so. If there is no one appropriate to consult and the person has been assessed as lacking capacity then an instruction to an Independent Mental Capacity Advocate (IMCA) must be considered. If the person has made a Lasting Power of Attorney (LPA), appointing a Welfare Attorney to make decisions on their behalf, that person must be consulted. A Welfare Attorney may be able to refuse life-sustaining treatment on behalf of the person if this power is included in the original Lasting Power of Attorney. You need to check this by reading the LPA. If the person has capacity ensure that discussion with others does not breach confidentiality. State the names and relationships of relatives / relevant others with whom this decision has been discussed. More detailed description of such discussion should be recorded in the clinical notes where appropriate.
1.C	DNACPR is in accord with the recorded, sustained wishes of the person who is mentally competent.	Check for the validity and applicability of the Advance Decision to Refuse Treatment (ADRT). Is the ADRT – 1. Specific to CPR? 2. In writing, signed and witnessed? 3. Contains the statement 'even if life is at risk' 4. Has the person been consistent with their ADRT? If the answer to all the above is 'Yes' the ADRT is valid and applicable. If the ADRT contains specific circumstances when CPR would not be appropriate write these on the form. Attach a copy of the ADRT to the person's DNACPR form.
2.	Person making this DNACPR decision/ Verification	State names and positions. In general this should be the most senior healthcare professional immediately available. If the decision is made by a delegated professional it must be verified by the most senior healthcare professional responsible for the person's care at the earliest opportunity. If the person making the decision is the most senior person, verification is not required.
3.	Review	A fixed review date is not recommended. This decision will be regarded as "INDEFINITE" unless: i) a definite review date is specified ii) there are changes in the person's condition iii) their expressed wishes change Reviewer needs to complete all details on the form and document the outcome in the notes.
4.	Who has been informed of this DNACPR decision?	Please ensure that all health and social care staff who have been informed are aware of their responsibility to document the decision in their own records, as the original stays with the person. It is the responsibility of health and social care staff to ensure those who have been informed of the decision are informed if the patient dies, or the form is cancelled.
5.	Other Important Information	This information needs to be very clear and precise. For example, if transferring include name, address and telephone number of destination and next of kin. Ceilings of treatment include where ACP is kept. Preferred place of care should be noted.
	Tear off slip	Complete details and place in "message in a bottle" if available with location clearly stated. For example, 'in the nursing notes in the top drawer of the sideboard in the dining room.'

- \* For further information regarding EoL, ordering new DNACPR forms, for the policy or for the electronic form access: <http://www.southofengland.nhs.uk/what-we-do/and-of-life-care/central-area-documents>

Appendix 2 Patient information leaflet – For full leaflet go to [www.southofengland.nhs.uk/what-we-do/end-of-life-care](http://www.southofengland.nhs.uk/what-we-do/end-of-life-care)

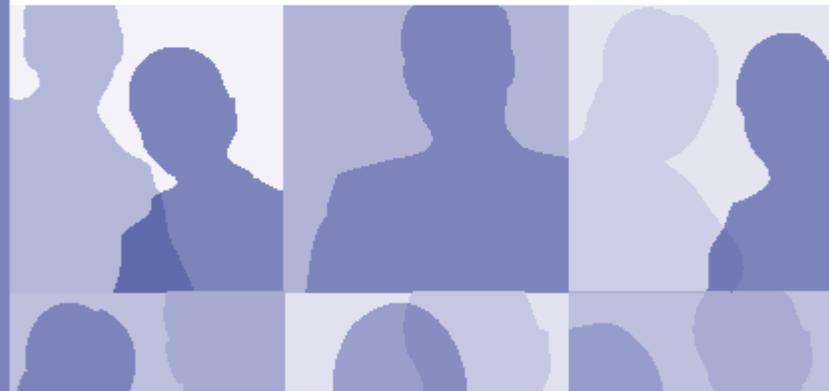


Information for you,  
your relatives and carers about  
**Do Not Attempt  
Cardiopulmonary Resuscitation  
decisions**

For a translation of this document,  
an interpreter or a version in



please contact Access to Communication  
☎ 023 8024 1300



### Appendix 3

## Equality Impact Assessment (EIA) Evidence Form - *Exampl*

South of England (Central) Strategic Health Authority strives to design and implement policies and measures that meet the diverse needs of our service population and ensure that none are placed at a disadvantage over others. This form is designed for you to consider the needs and assess the positive, adverse or neutral impact of a protocol, proposal or service on all groups within our local communities, and to provide evidence that you have done so. Any proposal or policy submitted to the Board must undergo EIA.

This form will be used as evidence of the assessment you have undertaken. It will be made available to the Board and Equality and Diversity Steering Group.

#### Policy / Proposal / Service Title

Do Not Attempt Cardiopulmonary Resuscitation Adult Policy

Name of EIA Lead \_\_\_\_\_ Tracey Courtnell

Others involved in assessment \_\_\_\_\_

Date EIA commenced \_\_\_\_\_ 6<sup>th</sup> August 2012 \_\_\_\_\_

<b>EIA Completed and Approved</b>	
Signature (Lead Director):	_____
Name (print)	_____
Job Title:	_____
Date:	_____

**ONCE COMPLETED, PLEASE SUBMIT TO EQUALITY AND DIVERSITY LEAD FOR EVIDENCE AND PUBLICATION.**

## Appendix 4

### Unified Do not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy Audit Tool

100% compliance required for shaded area					
	<b>DNACPR Form</b> Question	Yes	No	Not recorded	Comments (for e.g. no address, illegible, what's missing? If no, why? etc)
1	Are there clear patient details?				
2	Is the date of DNACPR decision completed?				
3	What reason for DNACPR decision has been completed				
	1a				
	1b				
	1c				
4	Has more than 1 reason been ticked?				
5	If section 1a has been ticked, is there <b>CLEAR</b> and <b>APPROPRIATE</b> information regarding why the decision has been made?				
6	Has the person been informed of the decision?				
7	If the person has not been informed has a relevant other?				
8	Who has made the decision?				
	GP				
	Consultant				
	Accredited Nurse				
	Other				
9	Is the record clearly dated, timed and signed correctly?				
10	Has the decision been verified (Acute Trusts Only) if appropriate?				
11	Have the following sections been completed?				
	Section 3 - Review				
	Section 4 - Who has been informed				
	Section 5 – Other important information				

	<b>Person's Notes</b> Question	Yes	No	Not recorded	Comments (If no or not recorded, why?)
1	Was the form initiated in your organisation?				
2	Is the decision documented in the person's notes?				
3	Are the notes clearly dated, timed and signed correctly?				
4a	Is there evidence of discussion?				
4b	Who was it discussed with?				
	Person				
	Relevant other				
4c	If there is no evidence of discussion, is there evidence of why decision was not discussed with the person?				
5	Is there evidence since the DNACPR decision has been made, that CPR has been carried out?				
6	Is there evidence of a mental capacity assessment?				