

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



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Name: .....  
 CHI/DOB: .....  
 Address: .....  
 ..... Postcode: .....

**INFORMATION ONLY**

Previous discussions may be recorded in the Key Information Summary (KIS); *this should always be checked.*

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. This decision applies *only to CPR treatment*. All other appropriate treatment and care will be given (2222 or 999 calls may still be appropriate when immediate medical help is needed in an unexpected emergency).

**Select reason for DNACPR decision: (please choose only A or B). Within Section A or B select the relevant communication or decision-making strategy by ticking the appropriate option**

**A  CPR will not be successful and is not a treatment option for this patient**

Explain why: .....

The patient is aware of this decision.

Yes  Conversation date and where documented .....

No  Reason (e.g. lack of capacity, judgement of harm to patient).....

The welfare attorney/guardian and/or relevant other is aware of the decision.

Yes  Name(s) ..... Date.....

No  Reason (e.g. reasonable efforts to contact unsuccessful so far).....

*The presumption is that the patient, and those close to the patient who lacks capacity, will be aware of the DNACPR decision – see Decision-making Framework for valid exceptions. Where the conversation has not yet happened, the full explanation and a clear plan to revisit this must be documented in the clinical notes.*

**B  CPR could be successful but the likely outcome would not be of overall benefit to the patient.** (The patient's informed views and wishes are of paramount importance.) **One of the following boxes must be ticked:**

The patient has capacity for the decision

and does not wish CPR to be attempted.

and does not wish to discuss CPR decisions at the moment. Decision has been made by clinical team in discussion with relevant others (name below) where confidentiality allows.

Name(s): .....

Explain: .....

**(A clear plan to revisit this must be documented in clinical notes).**

The patient does not have capacity for this decision

but has a valid advance healthcare directive applicable to the current circumstances.

but has a legally appointed welfare guardian/attorney (Name: .....)  
 who agrees that CPR would not be of overall benefit for the patient.

and no legal welfare guardian/attorney can be identified. Decision has been made by clinical team in discussion with relevant others: (Name(s): .....)

Explain: .....

**Document capacity assessment and all discussions clearly in clinical notes.**

NAMES OF MULTIDISCIPLINARY TEAM MEMBERS INVOLVED IN THE DECISION			
Healthcare Professional recording this DNACPR decision		Responsible Senior Clinician (Dr or Nurse)	
Print:		Print:	
Sign:	Date:	Sign:	Date:

This original DNACPR Form should follow the patient (e.g. on admission to, discharge from or transfer between hospitals) with the agreement of the patient and/or relevant others where appropriate.

**Review of decision:**

- Review not needed as decision will remain clinically appropriate until end of life.
- Review needed on clinically appropriate basis.

Review Date	Responsible Clinician (print & sign)	Outcome of DNACPR review (circle review decision)		Plan for next review
		still applicable	reversed	
		still applicable	reversed	
		still applicable	reversed	
		still applicable	reversed	
		still applicable	reversed	

NB. Good practice guidance recommends review of the decision on transfer of clinical responsibility (e.g. hospital to community) **for all patients**.

Reversal of a DNACPR order should be recorded on the form which should be scored through with a permanent marker **and** the word "reversed" written clearly across both sides of the form which should then be filed in the back of the clinical notes.

**Communication with healthcare professionals and social carers – who has been informed of the DNACPR decision?**

	Not Applicable	Names	Date informed	By whom
General Practitioner				
Community Nursing Team				
Ward Team				
Care Provider				
Other				

**Communication with Ambulance Crew**

All other types of supportive care should be given as appropriate as with any other patient where there is a deterioration in clinical condition. If, whilst in transit, the patient's condition suddenly deteriorates such that death occurs or is imminent, please contact:

Name and tel no: ..... and take the patient to:

.....

Signed: ..... Name: ..... Date: .....

GP name/address: .....

..... Postcode: .....

Where it has not been possible to have a discussion to allow the DNACPR Form to be at home with the patient (because the conversation would cause harm) it should not be given to the ambulance crew but should be shown to them prior to the journey. The information that the Form is not going home with the patient, and the reason why, **must be communicated to the GP so that the KIS can be updated.**