

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

Adults aged 16 years and over. In the event of cardiac or respiratory arrest do not attempt cardiopulmonary resuscitation (CPR)

**Hertfordshire**

**ALL OTHER APPROPRIATE  
TREATMENT AND CARE  
WILL BE PROVIDED**

Name:			
Address:			
	Postcode:		
NHS number:		Date of birth:	

Date of DNACPR order:

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1	<b>Does the patient have capacity to make and communicate decisions about CPR?</b> If "YES", go to Box 2. If "NO", complete a mental Capacity Form and a Best Interest Form.	<b>YES/NO</b>
	If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?	<b>YES/NO</b>
	If "NO", has the patient appointed a Lasting Power of Attorney (Health and Welfare) to make decisions on their behalf?	<b>YES/NO</b>
	If "YES" have all possible attempts been made to contact them?	
	LPA Name: _____ Date Consulted: _____	

All other decisions must be made in the patient's best interests and comply with current law.

2	Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:
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3	Summary of communication with patient (or LPA for Welfare). If this decision has not been discussed with the patient or Welfare Attorney, state the reason why:
	Date: _____

4	Summary of communication with patient's relatives or friends:
	Name: _____ Relationship: _____ Date: _____

5	Names of members of multidisciplinary team involved in this decision:
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Is DNACPR decision indefinite? Yes  No  If "No", specify the review date: \_\_\_\_\_

<b>HEALTHCARE PROFESSIONAL COMPLETING THIS DNACPR ORDER</b>			
Name:		Signature:	
Position:		Date:	Time: _____

<b>REVIEW AND ENDORSEMENT BY RESPONSIBLE SENIOR CLINICIAN</b>			
Name:		Signature:	
Position:		Date:	Time: _____

# Decision-making framework

Is cardiorespiratory arrest a clear possibility for the patient?



It is not necessary to discuss CPR with the patient unless they express a wish to discuss it



Is there a realistic chance that CPR could be successful?



If a DNACPR decision is made on clear clinical grounds that CPR would not be successful there should be a presumption in favour of informing the patient of the decision and explaining the reason for DNACPR. Those close to the patient should also be informed and offered explanation unless a patient's wish for confidentiality prevents this.

Where a patient lacks capacity and has a welfare attorney or court-appointed deputy or guardian, this representative should be informed of the decision not to attempt CPR and the reasons for it, as part of the ongoing discussion about the patient's care as best interest.

Where a patient lacks capacity, the decision should be explained to those close to the patient without delay. If this is not done immediately, the reason why it was not practicable or appropriate must be documented.

If the decision is not accepted by the patient, their representative or those close to them, a second opinion should be offered.



Does the patient lack capacity **AND** have an advance decision specifically refusing CPR  
**OR** Have an appointed attorney, deputy or guardian?



If a patient has made an advance decision refusing CPR and the criteria for applicability and validity are met, this must be respected.

If an attorney, deputy or guardian has been appointed they must be consulted.



Does the patient lack capacity?



Discussion with those close to the patient must be used to guide a decision in the patient's best interest. When the patient is a child or young person, those with parental responsibility should be involved in the decision where appropriate, unless the child objects.



Is the patient willing to discuss his/her wishes regarding CPR?



Respect and document their refusal. Discussion with those close to the patient may be used to guide a decision in the patient's best interest, unless confidentiality restrictions prevent this.



The patient must be involved in deciding whether or not CPR will be attempted in the event of cardiorespiratory arrest.

- If cardiorespiratory arrest occurs in the absence of a recorded decision there should be an initial presumption in favour of attempting CPR.
- Anticipatory decisions about CPR are an important part of high-quality health care for people at risk of death or cardiorespiratory arrest.
- Decisions about CPR are sensitive and complex and should be undertaken by experienced members of the healthcare team with appropriate competence.
- Decisions about CPR require sensitive and effective communication with patients and those close to patients.
- Decisions about CPR must be documented fully and carefully.
- Decisions should be reviewed with appropriate frequency and when circumstances change.
- Advice should be sought if there is uncertainty.