This DNACPR decision applies only to CPR treatment where the child, young person or adult is in cardiopulmonary arrest

- In this individual, CPR need not be initiated and the hospital cardiac ٠ arrest team or paramedic ambulance need not be summoned
- The individual must continue to be assessed and managed for any care intended for health and comfort- this may include unexpected and reversible crises for which emergency treatment is appropriate

with the individual, partner or family.

Any senior responsible clinician who knows

the patient can review the DNACPR decision

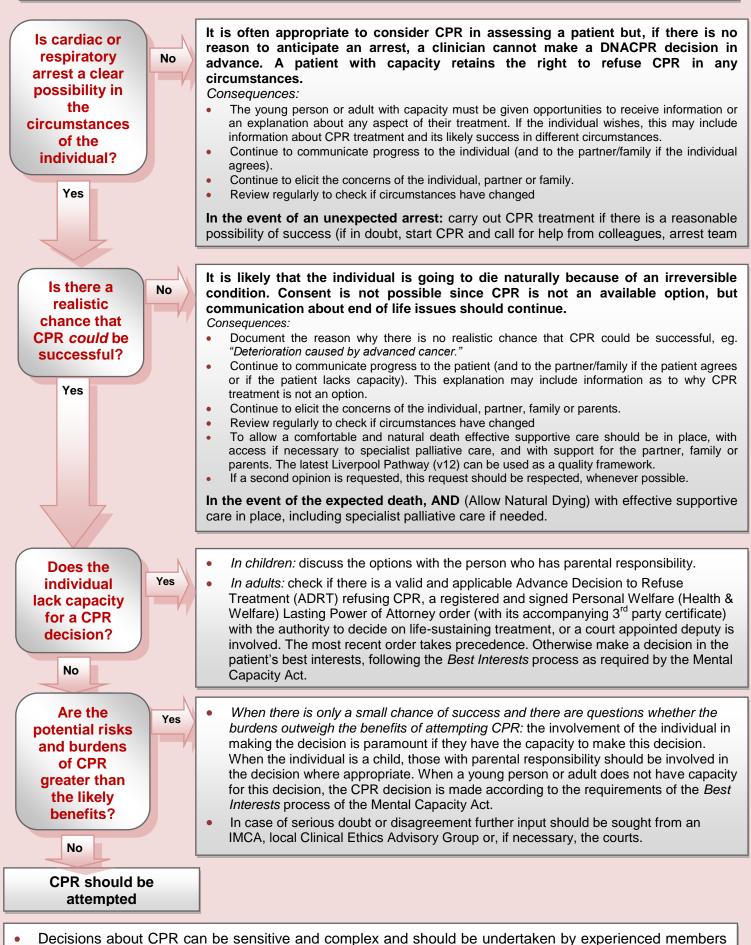
Keep original in patient's care setting



| All details must be clearly document | ed in the notes | cure setting | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|-------|
| Name: NHS no: | | | |
| Address: Date of birth: | | | |
| Postcode | Place where this | Place where this DNACPR decision was initiated: | |
| GP and practice: | | | |
| If an arrest is anticipated in the current circumstances and CPR is not to start, tick at least one reason: There is no realistic chance that CPR could be successful due to: CPR could succeed, but the individual with capacity for deciding about CPR is refusing consent for CPR CPR could succeed but the individual, who now does not have capacity for deciding about CPR, has a valid and applicable ADRT or court order refusing CPR This decision was made with the person who has parental responsibility for the child or young person | | | |
| This decision was made following the <i>Best Interests</i> process of the Mental Capacity Act | | | |
| YES NO n/a Has there been a team discussion about CPR in this child, young person or adult? YES NO n/a Has the young person or adult been involved in discussions about the CPR decision? YES NO n/a Has the individual's personal welfare lasting power of attorney (also known as a health and welfare LPA), court appointed deputy or IMCA been involved in this decision? YES NO n/a Has the individual agreed for the decision to be discussed with the parent, partner or relatives? | | | |
| YES NO n/a Is there an emergency health care plan (EHCP) in place for this individual? | | | |
| (must have full GMC licence and agree DNACPR with responsible clinician below | ign: Iame: | Status: Date: Time: | |
| | ign: | Status: | |
| responsible clinician must sign this at the | lame: | Date: | Time: |
| Key people involved in this decision eg. parent, LPA: For those individuals transferring to their preferred place of care If the individual has a cardiopulmonary arrest during the journey, DNACPR and take the patient to: The original destination Journey start Try to contact the following key person Name: Status: Tel: If the young person or adult is not aware of the DNACPR, consider informing them as part of their end of life care discussions. Ask if they wish the parent, partner or relative to know about the DNACPR decision. | | | |
| Reviewing the DNACPR Date and time reviewed Name and signature of reviewer | | | |
| This decision must be reviewed within 12 months (never write 'indefinite') Check for any change in clinical status that r mean cancelling the DNACPR. Reassessing the decision regularly does not me burdening the individual and family with repeat decisions, but it does require staff to be sensitive picking up any change of views during discussi | Review if the patient asks on may ean ted e in | | |

Making a CPR decision

v59 Adapted from: 2007 BMA/RC/RCN Joint Statement on CPR; *Clinical Medicine*, 2005; **5**: 354-60; and *A Guide to Symptom Relief in Palliative Care*, 6th ed Radcliffe Medical Press, 2010.



- of the healthcare team and documented carefully.
- Decisions should be reviewed regularly and when the circumstances change.
- Advice should be sought if there is any uncertainty over a CPR decision