

# DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

Blackpool Teaching Hospitals  
NHS Foundation Trust



FILE IN SECTION 1

Please complete in black ball point ink

## Date and time of DNACPR order

## Consultant/GP

## Write patient details or affix Identification label

Hospital Number:

Name:

Address:

Postcode:

Date of Birth:

NHS Number:

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

## Reason for DNACPR order. Tick the appropriate box(es) and provide details:

SECTION 1

- The patient's condition indicates that CPR would not be successful **because** .....
- CPR is not in accordance with the wishes of a patient who is mentally competent and has capacity
- CPR is not in accordance with a valid and applicable advance decision to refuse treatment
- Successful CPR is likely to be followed by a length and quality of life which would not be in the best interests of the patient to sustain **because** .....
- CPR is not in accordance with the wishes of a person properly authorised to make decisions regarding life-sustaining treatment on behalf of the patient under the Mental Capacity Act
- The patient has been commenced on an individual plan of care for the dying person

## Summary of discussions:

SECTION 2

- Has the patient been consulted/informed? YES  NO
- Has the patient agreed for the partner, relatives or friends to be consulted/informed? YES  NO
- Has the patient's partner, relatives or friends been consulted/informed? YES  NO
- Has a LPA (Health and Welfare) been consulted/informed? YES  NO
- Relevant others involved in discussions .....

If no discussions have taken place with the patient or relevant others, state why not.....

## Doctor making the DNACPR order:

SECTION 3

Signature ..... Print name ..... GMC Number .....

Position ..... Bleep no (hospital) ..... Contact no (community) .....

Date ..... / ..... / ..... Time .....

## FOR HOSPITAL/HOSPICE DNACPR ORDERS

## Endorsement by the Consultant within 48 hours:

SECTION 4

Consultant signature ..... Print name ..... GMC Number .....

Date ..... / ..... / ..... Time ..... Bleep number .....

## Prior to hospital/hospice discharge or community DNACPR orders inform Nwas via:

SECTION 5

E-mail [nwasnt.eolclm@nhs.net](mailto:nwasnt.eolclm@nhs.net)  or Fax 01228 403045

## Ambulance crew instructions

SECTION 6

Confirm that DNACPR order has been reviewed and remains valid (see point 6 over)

If, whilst in transit, the patient: suddenly deteriorates - continue journey to destination  
dies - take to destination as per instructions overleaf

**Top copy:** To be kept with documentation in patient's care setting. Give to ambulance personnel if patient transferred and file in notes at patient's destination.

**Middle copy:** File in patient's case notes (hospital/hospice) or handheld district nursing notes (community)

**Bottom copy:** Forward to Resuscitation Office (hospital patients only) or GP (community patients)

## DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) FORM

Consider using this form (as part of Advance Care Planning) if you would not be surprised if the patient was to die in the next year.

**This form should be completed legibly in black ball point ink  
All sections must be completed**

- The person's full name, date of birth, NHS or hospital number and address should be completed and written clearly.
- The date and time of writing the order must be entered.
- The order will be regarded as "INDEFINITE" unless it is clearly cancelled.
- The order should be reviewed whenever clinically appropriate or whenever the patient's care is transferred between clinicians and/or healthcare institutions.
- 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 senior doctor cancelling the order. It is the responsibility of the doctor cancelling the DNACPR order to communicate this to all parties.

1. Summary of the main clinical problem and reasons why CPR would not be successful, would be inappropriate or not in the patient's best interests. Be as specific as possible and include relevant free text. Tick more than one box if relevant.

2. Patient's should be involved in discussions about their care and informed of decisions that have been made. If the patient has capacity then they should consent to discussions with their relatives/friends. If the patient lacks capacity then their relatives/friends should be involved in discussions about the patient's care and informed of decisions that have been made. They may be able to help by indicating what the patient would want. If the person has appointed a personal welfare attorney to make decisions on their behalf, that person must be consulted.

Check the validity and applicability of any advance decision to refuse treatment, particularly if this is a written document and whether it contains specific circumstances detailing resuscitation.

State the names and relationships (if known) of relatives or friends or relevant others with whom discussions have taken place. More detailed description of such discussions should be recorded in the clinical notes.

If discussions have not taken place with the patient, relatives or friends, and they have not been informed of the decision, state clearly why this was felt to be inappropriate.

3. Complete all parts in full. This should be the most senior doctor on duty.

4. All DNACPR orders in the hospital/hospice must be confirmed verbally by the Consultant in charge of the patient's care at the earliest opportunity. The order must then be endorsed by the Consultant, in writing, within 48 hours.

5. North West Ambulance Service (NWAS) must be informed preferably via e-mail when patients are discharged from the hospital/hospice into the community with a DNACPR order, or when a DNACPR order is made in the community.

**6. Ambulance crew instructions:**

For the DNACPR order to be valid, it must have been reviewed within the previous 48 hours of the patient being discharged from the hospital/hospice, and be currently active for community patients where the order is indefinite unless cancelled.

**What to do if the patient dies in transit**

**From community:**

- To hospital or hospice, continue journey to planned destination

**From hospital:**

- On discharge to community, return via ambulance to hospital via A&E department
- On transfer to hospice, continue journey to hospice

**From hospice:**

- On discharge to community, return via ambulance to hospice
- On transfer to hospital, return via ambulance to hospice

**For patients discharged from the hospital/hospice:**

- Review within previous 48 hours prior to discharge

Name: ..... Signature: ..... Position: ..... GMC No: ..... Date: ..... / ..... / .....

- Review by GP within 7 days following discharge

Name: ..... Signature: ..... Position: ..... GMC No: ..... Date: ..... / ..... / .....