

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 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
- All details must be clearly documented in the notes

Keep original in patient's care setting

Name:	NHS no:
Address:	Date of birth:
Postcode:	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 *Best Interests* process of the Mental Capacity Act

- YES NO** Has there been a team discussion about CPR in this child, young person or adult?
- YES NO** Has the young person or adult been involved in discussions about the CPR decision?
- YES NO** 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** Has the individual agreed for the decision to be discussed with the parent, partner or relatives?
- YES NO** Is there an emergency health care plan (EHCP) in place for this individual?

Key people this decision was discussed with Details of discussions must be recorded (see box right)

Details can be found in:

Junior doctor (must have GMC licence plus full registration and agree DNACPR with responsible clinician below before activating DNACPR)	Sign:	Status:
	Name:	GMC no:
Senior responsible clinician (If a junior doctor has signed, the senior responsible clinician must sign this at the next available opportunity)	Sign:	Status:
	Name:	GMC/NMC no:
		Date: Time:
		Date: Time:

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:

This DNACPR is valid for 12 months from either the date of the initial signing or the last review date

Check for any change in clinical status that may mean cancelling the DNACPR.

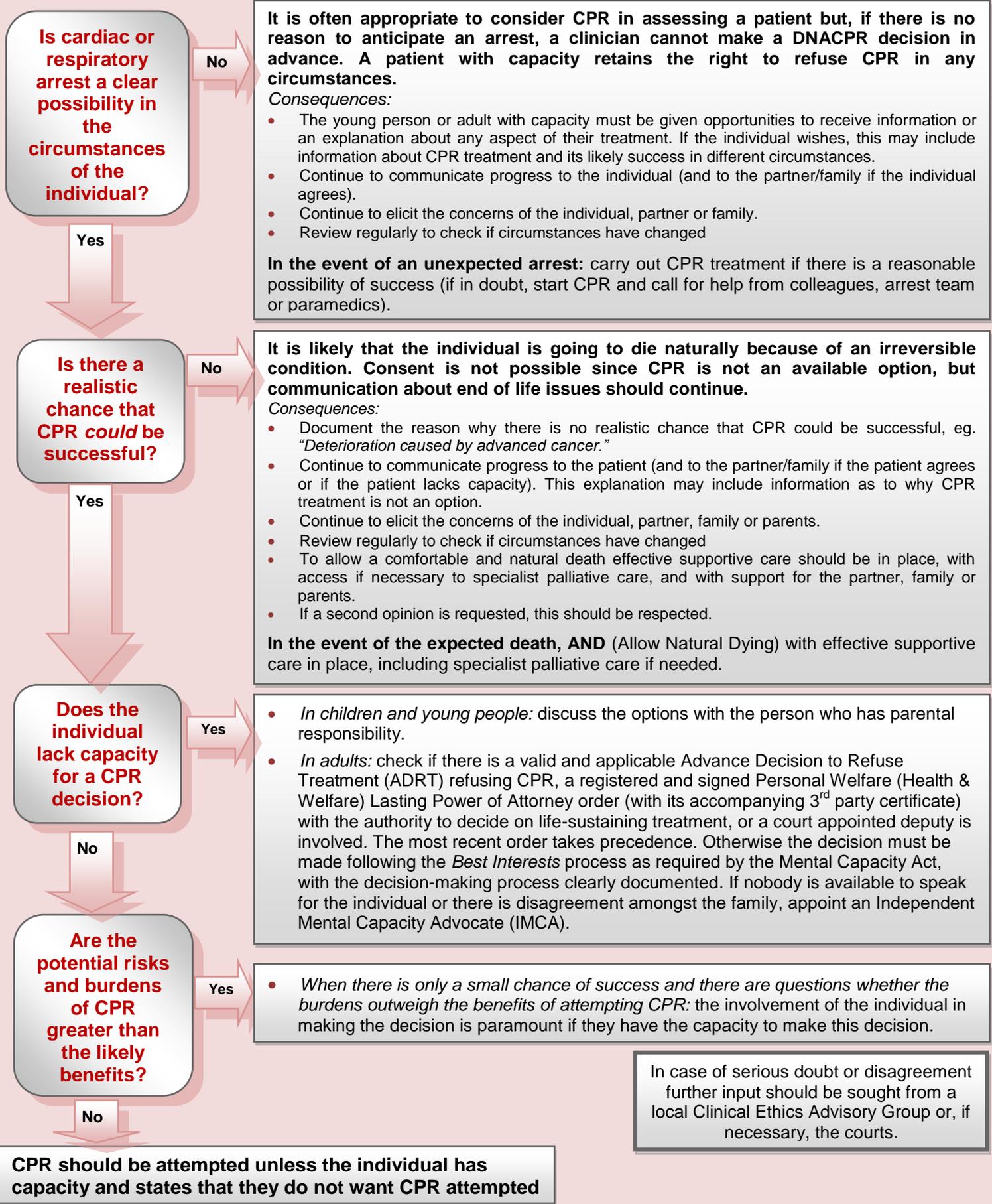
Reassessing the decision regularly does not mean burdening the individual and family with repeated decisions, but it does require staff to be sensitive in picking up any change of views during discussions with the individual, partner or family.

Any senior responsible clinician who knows the patient can review the DNACPR decision

Date review was done	Name and signature of reviewer
Review if the patient or persons discussed with ask for a review or whenever the condition or situation changes	

Making a CPR decision

v60 Adapted from: 2014 BMA/RC/RCN Decisions related to CPR; *Clinical Medicine*, 2005; 5: 354-60; and *A Guide to Symptom Relief in Palliative Care*, 6th ed Radcliffe Medical Press, 2010.



- Decisions about CPR can be sensitive and complex and should be undertaken by experienced members 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

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The original destination Journey start

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Status:

Tel:

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