

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

| | | |
|--|--|--------------------------------|
| Name | | |
| Date of Birth | | Home Address or Addressograph |
| NHS Number | | |
| Registered GP | | |
| Ward or Practice where decision made | | |
| Capacity | <p>The patient has capacity to give informed consent <input type="checkbox"/> No (Use assessment below) <input type="checkbox"/> Yes</p> <p style="text-align: center;">**IF "NO" - FULL COMPLETION OF 1 – 4 BELOW IS A LEGAL REQUIREMENT**</p> <p>1) Diagnosis impacting on the mind or brain –</p> <p>2) Record assessment that the patient cannot understand, retain, weigh up or communicate information in order to make an informed choice -</p> <p>3) Indicate which relevant other person(s) have been involved in the decision-making process (LPA (Health and welfare); relatives or friends; IMCA.)</p> <p>4) Document your MCA Best Interest process and decision in the medical notes.</p> | |
| <p><i>Where there is lack of capacity please indicate process.</i></p> <p>If patient has capacity, proceed to "Decision."</p> | | |
| Decision | <p>Reason why CPR would be inappropriate</p> <p><input type="checkbox"/> There is no realistic possibility of CPR succeeding* due to: *Where CPR has no realistic possibility of success, DNACPR is a unilateral medical decision.</p> <p><input type="checkbox"/> The patient does not consent to cardiopulmonary resuscitation (CPR)</p> <p><input type="checkbox"/> CPR is not in accord with a valid Advance Decision to Refuse Treatment (ADRT)</p> <p><input type="checkbox"/> The patient's condition indicates CPR may have an unknown outcome for the following reason(s), and after discussion, DNACPR has been agreed as appropriate</p> | |
| <p><i>Indicate diagnosis, stage of condition, relevant co-morbidities and / or other reasons</i></p> | | |
| Communication | <p>DNACPR has been discussed with the patient <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> DNACPR not discussed because the patient lacks capacity</p> <p><input type="checkbox"/> DNACPR not discussed because this might result in physical or psychological harm</p> <p>DNACPR has been discussed with a relevant other person <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Details:</p> | |
| <p><i>Enter the name and relationship of the person or reason for no discussion</i></p> | | |
| Review | <p><input type="checkbox"/> DNACPR applies across all care settings and no review is necessary (End of Life)</p> <p><input type="checkbox"/> DNACPR decision for review - according to the following indication:</p> | |
| Signatory | Originator | Countersignature (if required) |
| Name and role | | |
| Signature | | |
| Date | | |