DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION Adults aged 16 years and over. In the event of cardiac or respiratory		NHS East of England
		ORIGINAL
Name:	(OR USE ADDRESSOGR/	APH) PATIENT COPY TO STAY WITH PATIENT
Address:		Date of DNACPR order:
	Date of birth:	
Postcode:		
NHS number:		
Reason for DNACPR decision (tick one or m		rmation)
<ul> <li>Successful CPR is likely to result in a leng</li> <li>Patient does not want to be resuscitated a</li> </ul>		interests of the patient because:
<b>Record of discussion of decision</b> (tick one of Discussed with the patient / Lasting Power of If 'yes' record content of discussion. If 'no' say	Attorney [welfare]?	information) Yes No
Discussed with relatives/carers/others? If 'yes' record name, relationship to patient an	d content of discussion. If 'no' say	Yes No
Discussed with other members of the health c If 'yes' record name, role and content of discus		Yes No
	If 'no' apositive	view date:
Is DNACPR decision indefinite? Yes No	If 'no' specify re	
Healthcare professional completing this D	NACPR order	
Name:	Signature:	
Position:	Date:	Time:

Review and endorsement by responsible senior clinician						
Name:	Signatu	Signature:				
Position:	Date:				Time:	

Time:

## DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over. In the event of cardiac or respiratory

All other appropriate treatment and care will be provided.



Name:	(OR USE ADDRESSOGRAPH)	<b>COPY</b> FILE IN CLINICAL NOTES		
Address:				
Date o	of birth:			
Postcode:		Date of DNACPR order:		
NHS number:				
Reason for DNACPR decision (tick one or more box	es and provide further informatio	on)		
		,		
CPR is unlikely to be successful [i.e. medically futile	j because:			
Successful CPR is likely to result in a length and c	juality of life not in the best intere	ests of the patient because:		
Patient does not want to be resuscitated as evider	iced by:			
Record of discussion of decision (tick one or more	boxes and provide further inform	nation)		
Discussed with the patient / Lasting Power of Attorney		Yes 📃 No 📃		
If 'yes' record content of discussion. If 'no' say why no	t discussed.			
Discussed with relatives/carers/others?		Yes No		
If 'yes' record name, relationship to patient and conter	nt of discussion. If 'no' say why r	ot discussed.		
Discussed with other members of the health care team?				
Discussed with other members of the health care team? Yes No Yes No Yes No No Yes Yes No No Yes				
Is DNACPR decision indefinite? Yes No	If 'no' specify review	date:		
Healthcare professional completing this DNACPR	order			
Name:	Signature:			
Position:	Date:	Time:		
Review and endorsement by responsible senior clinician				
Name:				
	Signature:			
Position:	Date:	Time:		

## DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over. In the event of cardiac or respiratory

All other appropriate treatment and care will be provided.



Name: (OR USE ADDRESSOGRAPH)		<b>COPY</b> FOR AUDIT			
Address:		TON AUDIT			
Date of I	birth:				
Postcode:		Date of DNACPR order:			
NHS number:					
<b>Reason for DNACPR decision</b> (tick one or more boxes and provide further information) CPR is unlikely to be successful [i.e. medically futile] because:					
_ , , , , , ,					
Successful CPR is likely to result in a length and quality of life not in the best interests of the patient because:					
Patient does not want to be resuscitated as evidenced by:					
Record of discussion of decision (tick one or more boxes and provide further information)         Discussed with the patient / Lasting Power of Attorney [welfare]?         Yes         If 'yes' record content of discussion. If 'no' say why not discussed.					
Discussed with relatives/carers/others? Yes No Yes					
Discussed with other members of the health care team? Yes No If 'yes' record name, role and content of discussion. If 'no' say why not discussed.					
Is DNACPR decision indefinite? Yes No	If 'no' specify review d	ate:			
Healthcare professional completing this DNACPR order         Name:       Signature:					
Position:	Date:	Time:			
Review and endorsement by responsible senior clin					
Name:	Signature:				
Position:	Date:	Time:			

Is cardiac or respiratory arrest a clear possibility in the circumstances of the patient?



If there is no reason to believe that the patient is likely to have a cardiac or respiratory arrest it is not necessary to initiate discussion with the patient (or those close to patients who lack capacity) about CPR. If, however, the patient wishes to discuss CPR this should be respected.



Is there a realistic chance that CPR could be successful?





patient's wishes about CPR, but careful consideration should be given as to whether to inform the patient of the DNACPR decision. Where the patient lacks capacity and has a LPA health and welfare or CAD, this person should be informed of the decision not to attempt CPR and the reasons for it as part of the ongoing discussions about the patient's care. If a second opinion is requested, this request should be respected, whenever possible.

When a decision not to attempt CPR is made on these

clear clinical grounds, it is not appropriate to ask the

Does the patient lack capacity and have an advance decision refusing CPR or a LPA health and welfare with relevant authority?



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 or deputy has been appointed they should be consulted.



Are the potential risks and burdens of CPR considered to be greater than the likely benefits of CPR?



When there is only a small chance of CPR being successful and/or there are questions about whether the burdens outweigh the benefits of attempting CPR, the involvement of the patient (or, if the patient lacks mental capacity, those close to the patient) in making the decision is crucial.



CPR should be attempted unless the patient has capacity and states that they would not want CPR attempted. PLEASE NOTE: Decisions about CPR are sensitive and complex and should be undertaken by experienced members of the healthcare team and documented carefully. Advice should be sought if there is uncertainty. To re-order forms please telephone 07855 404409 quoting reference number 1187-2012.