

LABEL

Full name of patient

Patient NHS/Hospital No Date of Birth

Address

Postcode

DO NOT ATTEMPT CPR RESUSCITATION (DNACPR)

A decision has been taken that Cardio-Pulmonary Resuscitation (CPR) is NOT appropriate for the above patient.
 All other appropriate treatment and care should be provided.
 Any discussion around this decision (with patients, relatives, team members etc) should be clearly documented in patient's notes.

Please tick ONE of the 3 boxes below.

1	CARE PATHWAY	
<p>The patient is being cared for with the Last Days of Life care pathway¹ and CPR is inappropriate.</p> <p><input type="radio"/> CPR has been discussed with the patient/next of kin/proxy²</p> <p><input type="radio"/> The patient/next of kin/proxy is aware that the patient is imminently dying from an irreversible disease, and discussion of CPR is not considered appropriate</p>		
2	BEST-INTERESTS DECISION	
<p>CPR is unlikely to be successful or is likely to be followed by a length and quality of life which would not be in the best interests of the patient.³</p> <p><input type="checkbox"/> This has been discussed and agreed with the patient's next of kin/proxy²</p> <p><input type="checkbox"/> The patient lacks capacity to make this decision due to an irreversible condition⁴</p> <p><input type="checkbox"/> All reasonable attempts have been made to exclude communication barriers to discussion with the patient</p> <p><input type="checkbox"/> The decision is not contrary to any known advance decision of the patient</p>		
3	ADVANCE DECISION BY PATIENT	
<p>CPR is not in accord with the known or expressed sustained wishes of the patient.⁵</p> <p><input type="radio"/> This has been discussed with the patient, who is mentally competent</p> <p><input type="radio"/> This has been documented in a valid applicable advance decision to refuse treatment, which I have read⁶</p> <p>Where is the advance decision document kept?</p>		

If discussion has taken place with family or proxy, please tick and give details:

Name of relative or proxy		DELETE AS APPROPRIATE Next of kin / LPA / CAD / IMCA ²
Contact details		

Signature of senior Health Care Professional		Date:
Print full name		Time:
Address		Tel No:

Review of DNACPR Status

DNACPR status should be reviewed when there is any significant change in the patient's circumstances.

If the DNACPR decision is cancelled, please:

- strike through both sides of this form
- file this form in the patient's health record
- inform other care providers

Notes

- ¹ The Last Days of Life care pathway is also known as the All-Wales Integrated Care Pathway for the Dying, and other similar names. Discussion with the patient/next of kin/LPA/CAD/IMCA is not compulsory in this situation, but one of the options must be ticked.
- ² Proxy means one of the following: LPA = Lasting Power of Attorney; IMCA = Independent Medical Capacity Advocate; CAD = Court Appointed Deputy. Delete as appropriate.
- ³ A best-interest decision made on behalf of a patient must meet *all* the conditions of the Mental Capacity Act 2005. In a 'best-interest' decision, all 4 of the boxes must be ticked. You should also record details of discussions in the patient's notes.
- ⁴ Please refer to the Mental Capacity Act 2005 for conditions when determining a 'best-interest' decision for a patient who lacks capacity.
- ⁵ Discussion with the next of kin is not compulsory in this situation, but is strongly advised (with the patient's permission). One of the 2 options must be ticked.
- ⁶ Please refer to the Mental Capacity Act 2005 for details of what constitutes a "valid applicable advance decision".