Unified
Do Not Attempt
Cardio-Pulmonary Resuscitation
DNACPR
Current Policy

- 2007 DNAR Policy
- Audit March 2010 Level Of Compliance assessed
- 38 adult decisions reviewed
Current Policy – Criteria Audited

Audit 38 DNAR Decisions March 2010 BNHFT

- Recorded in Medical Notes
- Medical notes - Reasons for decision
- Medical notes - Signature & rank of doctor
- Medical notes - Date
- Medical notes - Time
- Recorded in Nursing Notes
- DNAR Form present at front of notes
- Consultant countersigned (within 24hrs)
The new policy will come into effect in May 2010. The Trust policy reflects the South Central SHA policy, but the formatting has had to be adapted to the requirements for our in-house policies.
Objective

To ensure all staff are aware and understand the context, process and communication of the unified DNACPR policy
Context

• Purpose
  - respect the wishes of the individual
  - reflect the best interests of the individual
  - benefits CPR are not outweighed by burden
  - refers to only CPR
  - all are presumed to be “For CPR” unless a valid DNACPR decision has been made & documented or an Advance Decision to Refuse Treatment (ADRT) prohibits CPR.
• When to make a decision?
  - When CPR would not restart the heart & breathing of the individual, it will not be attempted
  - When CPR might restart the heart and breathing of the individual, discussion will occur with the person who has capacity, (or with other appropriate individuals for people without capacity) although people have a right to refuse to have these discussions.
Individuals that lack capacity will not be able to:
- understand the information relevant to the decision
- retain that information
- use or weigh that information as part of the process of making the decision
- to communicate the decision, whether by talking or sign language or by any other means
Context

**Lasting Power of Attorney (LPA) / Personal Welfare Attorney (PWA).** The Mental Capacity Act (2005) allows people > 18, who have capacity, to make a LPA by appointing a PWA who can make decisions regarding health & well being on their behalf, once capacity is lost.

**A Court-appointed deputy** is appointed by the Court of Protection (Specialist Court for issues relating to people who lack capacity to make specific decisions) to make decisions in the best interests of those who lack capacity.
Independent Mental Capacity Advocate (IMCA)
An IMCA supports and represents a person who lacks capacity to make a specific decision at a specific time and who has no family or friends who are appropriate to represent them.

Advance Decision to Refuse Treatment (ADRT) a decision by an individual to refuse a particular treatment in certain circumstances. A valid ADRT is legally binding on healthcare staff.
BMA/RCN/RC (UK) guidelines consider it appropriate for a DNACPR decision to be made in the following circumstances:

- where the individual’s condition indicates effective CPR is unlikely to be successful
- when CPR is likely to be followed by a length & quality of life not acceptable to the individual
- where CPR is not in accord with the recorded, sustained wishes of the individual who is deemed mentally competent or who has a valid applicable ADRT.
Decision-making framework

1. Is cardiac or respiratory arrest a clear possibility in the circumstances of this person?
   - **NO**

2. Is there a realistic chance that CPR could be successful?
   - **NO**

3. Does the person lack capacity?
   - **NO**
     - Are the potential risks and burdens of CPR considered to be greater than the likely benefit of CPR?
       - **NO**
         - CPR should be attempted unless the individual has capacity and states that they would not want CPR attempted.
       - **YES**
         - When there is only a very small chance of success and there are questions as to whether the burdens outweigh the benefits of attempting CPR, the involvement of the individual (or if the person lacks mental capacity those close to him / her) in making the decision is crucial. When the individual has mental capacity their own view should guide the decision making.
     - **YES**
       - When a DNACPR decision is made on these clear clinical grounds, it is not appropriate to ask the person’s wishes about CPR, but careful consideration should be given as to whether to inform them of the DNACPR decision.
       - Where the individual lacks capacity and has a welfare attorney or court-appointed deputy or guardian, this person should be informed of the DNACPR decision and the reasons for it as part of the ongoing discussion about the individual’s care.
       - If a second opinion is requested, this should be respected, whenever possible.

4. **YES**
   - Do they have a valid and applicable ADRT, if so this must be respected. If an attorney, deputy or guardian has been appointed they should be consulted.
   - If no, a decision will be made on the basis of best interests. Decision makers have a legal duty to consult with those close to the individual who lacks capacity.
   - If there is no one appropriate to consult and the person has been assessed as lacking capacity then an instruction to an IMCA should be considered.
Is cardiac or respiratory arrest a clear possibility in the circumstances of this person?

NO

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

YES
Reason for DNACPR decision

Is there a realistic chance that CPR could be successful?

When a DNACPR decision is made on these clear clinical grounds, it is not appropriate to ask the person’s wishes about CPR, but careful consideration should be given as to whether to inform them of the DNACPR decision.

Where the individual lacks capacity and has a welfare attorney or court-appointed deputy or guardian, this person should be informed of the DNACPR decision and the reasons for it as part of the ongoing discussion about the individual’s care. If a second opinion is requested, this should be respected, whenever possible.
Do they have a valid and applicable ADRT, if so this must be respected. If an attorney, deputy or guardian has been appointed they should be consulted. If no, a decision will be made on the basis of best interests. Decision makers have a legal duty to consult with those close to the individual who lacks capacity. If there is no one appropriate to consult and the person has been assessed as lacking capacity then an instruction to an IMCA should be considered.
Are the potential risks and burdens of CPR considered to be greater than the likely benefit of CPR?

*NO*

When there is only a very small chance of success and there are questions as to whether the burdens outweigh the benefits of attempting CPR, the involvement of the individual (or if the person lacks mental capacity those close to him / her) in making the decision is crucial. When the individual has mental capacity their own view should guide the decision making.

*YES*

CPR should be attempted unless the individual has capacity and states that they would not want CPR attempted.
Who Makes The Decision?

- Consultant should follow the “Decision Making Framework” in the Trust’s policy.
- Document discussions with other staff, patients and/or relatives, record background & reasons for any decision in patients notes: record date, time, print name, grade & sign.

Consultant available → YES →

- SpR should follow the “Decision Making Framework” in the Trust’s policy.
- Document discussions with other staff, patient’s and/or relatives, record background & reasons for any decision in patients notes: record date, time, print name, grade & sign.

SpR available → YES →

- Doctor should follow the “Decision Making Framework” in the Trust’s policy.
- Discuss patients resuscitation status with Consultant/SpR before making any decision & document discussion in patients notes.
- Document discussions with other staff, patient’s and/or relatives, record background & reasons for any decision in patients notes: record date, time, print name, grade & sign.

Junior Doctor available → YES →
Who Makes The Decision?

- Only once the decision is recorded in the patient’s medical notes, is the Doctor to complete the SHA Lilac form
- Place at front of notes
- White duplicate copy to remain in pad for audit purposes
- To be verified by consultant within 48 hours
SCSHA Unified Form

LILAC FORM TO PERSON - WHITE FORM FOR AUDIT
UNIFIED DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)
In the event of cardiac or respiratory arrest no attempts at CPR will be made. All other appropriate treatment and care will be provided.

Name ____________________________
Address ____________________________
Date of birth ____________________________
NHS or hospital number __________

Date of DNACPR Decision __/__/______
NHS South Central

Form completed electronically? Yes □ No □

Before completing this form, please see explanation notes.

1. Reason for DNACPR decision
   □ A) CPR is unlikely to be successful due to
      
      This decision has been discussed with the person Yes □ No □
      This decision has been discussed with relevant other Yes □ No □
      Name of relevant other ____________________________

   □ B) CPR may be successful, but followed by a length and quality of life which would not be of overall benefit to the person
      • Person involved in discussions? Yes □ No □
      • Person lacks mental capacity and has a legally appointed Welfare Attorney: Name ____________________________
      • Person lacks mental capacity and does not have a legally appointed Welfare Attorney. Decision made on basis of benefit to the person in discussion with: Name(s) ____________________________

   □ C) DNACPR is in accord with the recorded, sustained wishes of the person who is mentally competent.
      Valid and applicable Advance Decision to Refuse Treatment (ADRT) seen? Yes □ No □
      Name ____________________________ Position ____________________________
      Date __/__/______ Time ____________________________
      Signature ____________________________

2. Healthcare professional making this DNACPR decision:
   Name ____________________________ Position ____________________________
   Signature ____________________________ Date __/__/______ Time ____________________________
   Healthcare professional verifying this DNACPR decision if original decision made by professional without overall responsibility for the person’s care:
   Name ____________________________ Position ____________________________
   Date __/__/______ Time ____________________________
   Signature ____________________________

Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the person’s best interest’s. Be as specific as possible. In this situation discussion with person / relevant other is not compulsory, unless the person is at home or being discharged home with the form. Record the details of discussion or the reason for not discussing in person’s notes.
SCSHA Unified Form

UNIFIED DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

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

Date of DNACPR Decision ___/___/_____

Form completed electronically? Yes ☐ No ☐

Before completing this form, please read the explanation notes.

1. Reason for DNACPR decision
   A) CPR is unlikely to be successful due to

   This decision has been discussed with the person ☐ Yes ☐ No ☐
   This decision has been discussed with relevant other ☐ Yes ☐ No ☐
   Name of relevant other __________

   B) CPR maybe successful, but followed by a length and quality of life which would not be of overall benefit to the person

   • Person involved in discussions? Yes ☐ No ☐
   • Person lacks mental capacity and has a legally appointed Welfare Attorney: Name __________
   • Person lacks mental capacity and does not have a legally appointed Welfare Attorney. Decision made on basis of the person in discussion with: Name(s) __________

   C) DNACPR is in accord with the recorded, sustained wishes of the person who is mentally competent.

   Valid and applicable Advance Decision to Refuse Treatment (ADRT) seen? Yes ☐ No ☐

   Name __________
   Position __________
   Signature __________
   Date ___/___/_____
   Time __________

2. Healthcare professional making this DNACPR decision:

   Name __________
   Position __________
   Signature __________
   Date ___/___/_____
   Time __________

   Healthcare professional verifying this DNACPR decision if original decision made by professional without overall responsibility for the person's care:

   Name __________
   Position __________
   Signature __________
   Date ___/___/_____
   Time __________

Summary of communication with person...

State clearly what was discussed and agreed. If this decision was not discussed with the person state the reason why this was inappropriate.

If the person does not have capacity their relatives or friends must be consulted and may be able to help by indicating what the person would decide if able to do so. If there is no One appropriate to consult and the person has been assessed as lacking capacity then an instruction to an IMCA should be considered. If the person has made a Lasting Power of Attorney (LPA), appointing a Welfare Attorney to make decisions on their behalf, that person must be consulted. A Welfare Attorney may be able to refuse life-sustaining treatment on behalf of the person if this power is included in the original Lasting Power of Attorney. You need to check this by reading the LPA.

If the person has capacity ensure that discussion with others does not breach confidentiality.

State the names and relationships of relatives / relevant others with whom this decision has been discussed. More detailed description of such discussion should be recorded in the clinical notes where appropriate.
SCSHA Unified Form

LILAC FORM TO PERSON - WHITE FORM FOR AUDIT

UNIFIED DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)
In the event of cardiac or respiratory arrest no attempts at CPR will be made. All other appropriate treatment and care will be provided.

Name __________________________________________
Address _________________________________________
Date of birth ____________________________
NHS or hospital number _______ _______ _______ _______

Date of DNACPR Decision ____________

Form completed electronically? Yes ☐ No ☐

South Central

1. Reason for DNACPR decision
☐ A) CPR is unlikely to be successful due to ________________________________

☐ This decision has been discussed with the person Yes ☐ No ☐
☐ This decision has been discussed with relevant other Yes ☐ No ☐

☐ Name of relevant other ________________________________

☐ B) CPR may be successful, but followed by a length and quality of life which would not be of overall benefit to the person.

☐ Person involved in discussion? Yes ☐ No ☐
☐ Person lacks mental capacity and has a legally appointed Welfare Attorney: Name __________________
☐ Person lacks mental capacity and does not have a legally appointed Welfare Attorney. Decision made on basis of benefit to the person in discussion with: Name(s) __________________

☐ C) DNACPR is in accord with the recorded, sustained wishes of the person who is mentally competent.

Valid and applicable Advance Decision to Refuse Treatment (ADRT) seen? Yes ☐ No ☐

Name ____________________________ Position ____________________________
Signature ____________________________ Date ____________ / ____________ / ____________ Time ______

2. Record the assessment of capacity in the clinical notes. Ensure that any advance decision to refuse treatment is valid for the person’s current circumstances. If this decision has not been discussed with the person or Welfare Attorney state the reason.

Name ____________________________ Position ____________________________
Signature ____________________________ Date ____________ / ____________ / ____________ Time ______
This decision will be regarded as ‘indefinite’ unless:
- a definite review date is specified
- there are changes in the person’s condition
- their expressed wishes change

The frequency of review should be determined by the health professional in charge of the individual’s care at the time of the initial decision.
2. Healthcare professional making this DNACPR decision:

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Healthcare professional verifying this DNACPR decision if original decision made by professional without overall responsibility for the person’s care:

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3. Review

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<th>Review date if appropriate</th>
<th>Outcome of review: DNACPR to continue?</th>
<th>Yes ☐ No ☐</th>
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<tr>
<td>Date</td>
<td>Name</td>
<td>Position</td>
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4. Who has been informed of this DNACPR decision?

- Person ☐ GP ☐ Ambulance ☐ Relative (Name) ☐
- Acute Trust ☐ Nursing Home ☐ Hospice ☐ Community Hospital ☐
- Out of Hours ☐ Other (Please state) ☐

5. Ambulance response:

- a) in
- b) A ☐
- c) If ☐
- d) Next of kin Name & telephone no: ☐
- e) If whilst in transit the person dies take to nearest Mortuary / Emergency Department ☐
- f) Name: ☐ Position: ☐ Date: ☐ Time: ☐

Please ensure that all Health Care Professionals who have been informed are aware of their responsibility to document the decision in their own records, as the original stays with the person.

Name: ☐ Address: ☐ Date of birth: ☐ NHS or hospital number: ☐
2. Healthcare professional making this DNACPR decision:

Name ____________________________  Position ____________________________
Signature _________________________  Date _____ / _____ / ______  Time _____ : _____

Healthcare professional verifying this DNACPR decision if original decision made by professional without overall responsibility for the person’s care:

Name ____________________________  Position ____________________________
Signature _________________________  Date _____ / _____ / ______  Time _____ : _____

3. Review

Review date if appropriate _____ / _____ / ______  Outcome of review: DNACPR to continue? Yes ☐ No ☐

Name ____________________________  Position ____________________________
Signature _________________________  Date _____ / _____ / ______  Time _____ : _____

4. Who had admission?

☐ Person  ☐ Accident  ☐ Other

These should be completed by a doctor prior to ambulance transfer. Section c) is the name and telephone number of the destination and Next Of Kin (NOK). Section e) to be completed by the doctor.

5. Ambulance crew instructions:

a) In the event of Cardiac Pulmonary arrest, please do not attempt CPR or defibrillation for this person.

b) All other types of supportive care should be given.

c) If whilst in transit the person suddenly deteriorates continue journey and try to contact destination.

  Destination Name & telephone no. ____________________________

  Next of kin Name & telephone no. ____________________________

d) If whilst in transit the person dies take to nearest Mortuary / Emergency Department

e) Name ____________________________  Position ____________________________

Signature _________________________  Date _____ / _____ / ______  Time _____ : _____

"Tag off slip and place in message in a bottle"

Name ____________________________
Address ____________________________
Date of birth ____________________________
NHS or hospital number ____________________________

The DNACPR form is located
In the patients' home, the tear off slip at the bottom of the DNACPR form can be placed in the “Message In A Bottle” to advise that the form is in the home.
Communication of decision

- Decision and presence of form to be recorded in the nursing notes
- Consider, where appropriate, asking newly admitted patients (or their relatives/carers) if they have a lilac DNACPR form: decision stands and a consultant must verify this decision within 48 hours of admission
- Lilac form belongs to the patient: DO NOT COPY THE FORM
Communication of decision

- Ward clerk to enter the DNAR code in the SR Code column of PatientCentre.
Communication of decision

• Review

This decision is regarded as ‘**Indefinite**’ unless
  i.  a definite review date is specified
  ii.  there are changes in the person’s condition
  iii. the person expresses wishes to change the decision

It is preferred that when possible no review date is written as this increases
the risk of the DNACPR decision expiring and an inappropriate
resuscitation attempt taking place because the decision was not updated.

If a review date is specified, it is the responsibility of all healthcare
professionals involved in the patient’s care to ensure it is reviewed on time
and consider whether the person can now contribute to the decision making
process if they were unable to when the initial decision was made.
• Cancellation

In rare circumstances a decision may be made to cancel or revoke the DNACPR decision.
If the decision is cancelled the form should be crossed through with 2 diagonal lines in black ball-point ink and the word ‘CANCELLED’ written clearly between them, dated and signed by the healthcare professional and documented in the notes.
Communication of decision

• Suspension

In some circumstances there are reversible causes of a cardio respiratory arrest. These are either pre-planned or acute and the individual should receive treatment, unless intervention in these circumstances has been specified.

• Pre planned - induction of anaesthesia, cardiac catheterisation, pacemaker insertion or surgical operations etc;

• Acute - Where the person suffers an acute, unforeseen, but immediately life threatening situation such as anaphylaxis or choking. In such circumstances CPR would be appropriate while the reversible cause is treated.
Communication of decision

- If the patient is discharged, the form must go with the patient: presence of a DNACPR decision should be communicated in the discharge summary: **do not copy the form** and place in notes

- If discharged prior to consultant verification, GP to be contacted re verification of decision

- If Lilac form found in notes post discharge, liaise with the patient / GP to ensure the patient receives the form
Paediatric

• Advance Care Plan – Children & Young Persons to be introduced in 2010 also
Any Questions?
Understanding, the context, process and communication of the DNACPR policy will reduce inappropriate resuscitation attempts.
Further information / advice

• Local contacts
  Name: Dr Lara Alloway, Consultant in Palliative Medicine, Associate Medical Director (End of Life)
  Tel: 01256 314729
  Email: lara.alloway@bnhft.nhs.uk

  Name: Chris Homans, Resuscitation Officer
  Tel: 01256 313317
  Email: chris.homans@bnhft.nhs.uk

• SCSHA DNACPR Project lead
  Tel: 01635 275500
References

• Advance Decision to Refuse Treatment, a guide for health and social care professionals. London: Department of health
• NHS End of Life Care Programme & the National Council for Palliative Care (2008)
• Resuscitation Council UK (2007) Decisions relating to cardiopulmonary resuscitation; a joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. RC (UK) http://www.resus.org.uk/pages/dnar.pdf [Accessed 03-06-2009]