

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION



Adults aged 18 years and over

Date of DNAR decision:

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Name

Address

Date of birth

NHS or hospital number

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR?
If "YES" go to box 2 Yes No

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6 Yes No

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf?
If "YES" they must be consulted Yes No

All other decisions must be made in the patient's best interests and comply with current law. Go to box 2

2 Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:

3 Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed state why:

4 Summary of communication with patient's relatives:

Name of relative(s) Date of discussion

5 Names of members of multidisciplinary team contributing to this decision:

6 Consultant or middle grade completing this form:

Name Position

Signature Date Time

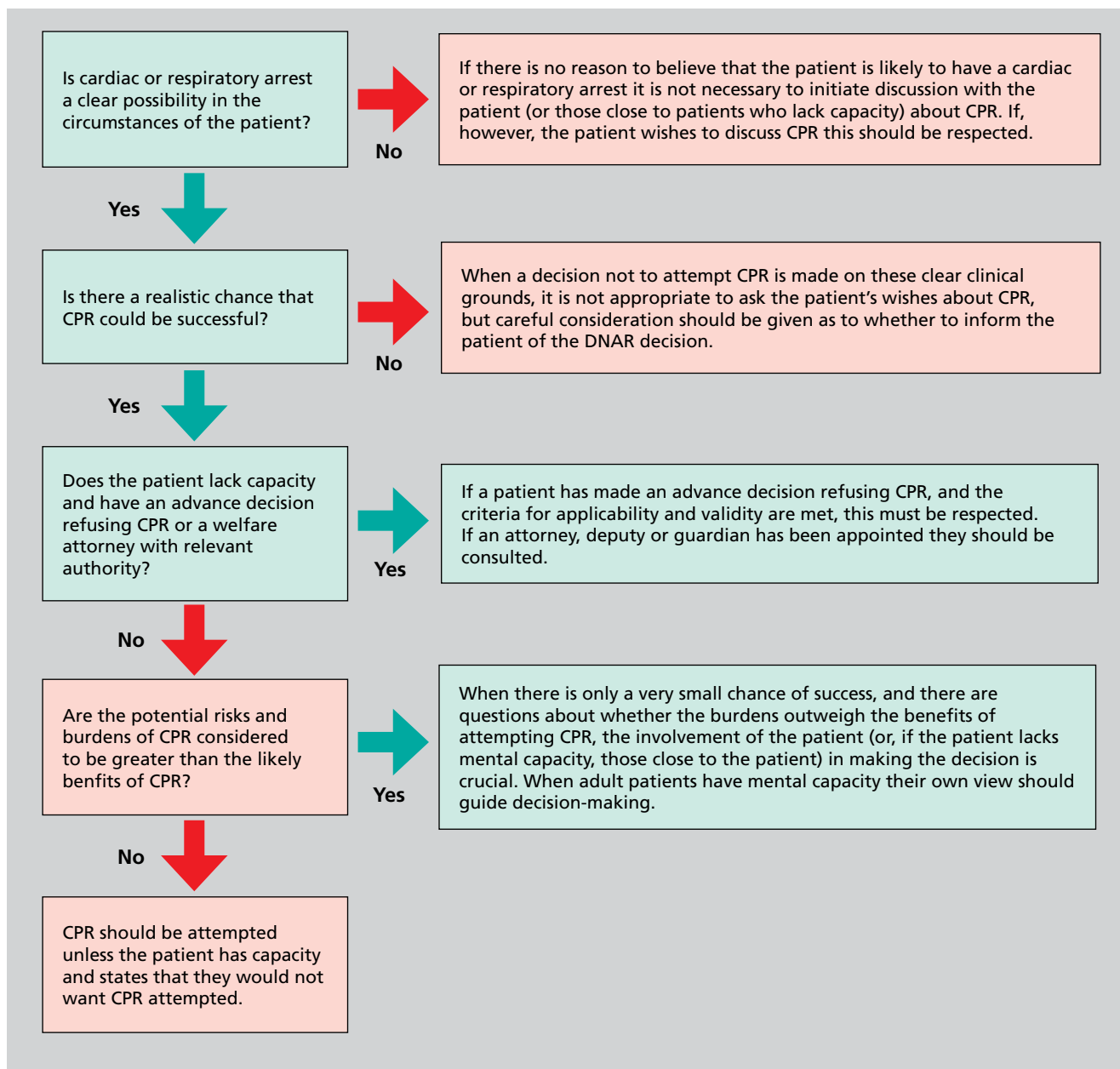
7 Review and endorsement by consultant:

Signature Name Date

8 DNAR decision cancellation (Draw two lines through form and write cancelled. Remove from front of notes and file)

Doctor: Signature Name Date Time

Nurse: Signature Name Date Time



Notes:

- 1) This form should be completed in accordance with the Trust Resuscitation Policy
- 2) DNAR decisions are the responsibility of the consultant in charge of the patient's care. If the consultant is not immediately available, this responsibility may be delegated to a Registrar or other Middle grade staff e.g. ST3 trainee; staff grade.
- 3) DNAR decisions relate only to the act of resuscitation. ALL other care (e.g. MEWS, basic nursing care etc) must be provided unless an entry in the medical notes explicitly places other limitations of treatment. In the event that MEWS recording is no longer required this should also be recorded on the MEWS observation chart.
- 4) DNAR decisions remain valid for the duration of hospital admission. Review decisions regularly and in response to any change in the patient's overall health status or in the patient's expressed wishes. Prior to cancelling a DNAR decision discuss with the multidisciplinary team including the consultant responsible for the patient's care.
- 5) When a DNAR decision is cancelled mark the decision through with two parallel lines and write the word "cancelled". Record the date, time, your name and the name of the nurse informed of the decision. File the cancelled DNAR form in the correspondence section
- 6) If doubt exists over resuscitation status –resuscitation should be commenced
- 7) Clinical judgement can override a DNAR decision if a readily reversible cause of a patient's cardiac arrest occurs e.g. choking, blocked tracheostomy tube, induction of anaesthesia etc unless the patient has specifically refused intervention in these circumstances.