

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNARadult.
Rev Nov 2010

Name: _____ DOB; _____

Address: _____

NHS or hospital number: _____

Date of DNAR order:

/ /

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", have you seen 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 with the patient or Welfare Attorney state the reason why:

4 Summary of communication with patient's relatives or relevant others:

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

6 Healthcare professional completing this DNAR order and forwarded to Ambulance

Trust:

Fax: 01202 851305

Name (Print)

Designation

Signature

Date

Time

7 GP name:

Surgery:

Tel No:

8 Review and endorsement by most senior health professional GP or medic:

Signature _____ Name _____ Date _____

Review date (if appropriate)

Signature _____ Name _____ Date _____

Signature _____ Name _____ Date _____

**This form should be completed legibly in black ball point ink
All sections should be completed**

- The patient's full name, date of birth and address should be written clearly
- The date of writing the order should be entered
- This order will be regarded as "INDEFINITE" unless it is clearly cancelled or a definite review date is specified
- The order should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare institution to another, admitted from home or discharged home
- If the decision is cancelled, the form should be crossed through with two diagonal lines in black ball-point ink and "CANCELLED" written clearly between them, signed and dated by the healthcare professional cancelling the order.

1 Capacity/ advance decisions

Record the assessment of capacity in the clinical notes. Ensure that any advance decision refusing CPR is valid (must be written, signed and witnessed, and must include a statement that the advance decision is to apply, even if life is at risk), and is applicable in the patient's current circumstances.

16-17 year olds : *Whilst 16 and 17 year olds with capacity are treated as adults for the purposes of consent, parental responsibility will continue until they reach age 18. Legal advice should be sought in the event of disagreements on this issue between a young person of 16 or 17 and those holding parental responsibility.*

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

Be as specific as possible.

3 Summary of communication with patient (or welfare attorney if appointed and if patient lacks capacity)

State clearly what was discussed and agreed. If this decision was not discussed with the patient, state the reason why this was inappropriate. If the patient has made a Lasting Power of Attorney, appointing a Welfare Attorney with authority to make decisions about life-sustaining treatment on their behalf, that person must be consulted if the patient lacks capacity.

4 Summary of communication with patient's relatives or friends

If the patient does not have capacity, and if cardio respiratory arrest is foreseen and CPR has a realistic prospect of success, their relatives or friends must be consulted to ascertain the patient's relevant wishes, feelings, beliefs and values. This information must be considered when making the best interests decision regarding CPR. If CPR has no realistic prospect of success, consider explaining to relatives and friends that it will not be attempted.

State the names and relationships of relatives or friends of other representatives with whom this decision has been discussed. More detailed description of such discussion should be recorded in the clinical notes where appropriate.

5 Members of multidisciplinary team ...

State names and positions. Ensure that the DNAR order has been communicated to all relevant members of the healthcare team.

6 Healthcare professional (GP/medic) completing this DNAR order

This will vary according to circumstances and local arrangements. In general this should be the most senior healthcare professional immediately available.

7 Endorsement/ review ...

The decision must be endorsed by the most senior healthcare professional, for example, GP or medic responsible for the patient's care at the earliest opportunity. Further endorsement should be signed whenever the decision is reviewed. A fixed review date is not recommended. Review should occur whenever circumstances change.