Explanatory Sheet: Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in the Community

The DNACPR form is intended to prevent inappropriate, futile and/or unwanted attempts at cardiopulmonary resuscitation (CPR) in adult patients in the community aged 18 years and over.

There is no obligation to explore a patient's wishes around CPR but it could form part of a sensitive discussion around end of life care issues. If the patient is living at home the original colour version of the DNACPR form should be kept with them and the patient and carers will need knowledge of this. In a residential or nursing home it should be kept in the front of the patient's notes. The form should travel with the patient. Any health professionals should only refer to the original colour version. Please see the algorithm attached on making a DNACPR decision.

The DNACPR form is to prevent CPR not other aspects of care such as treatment of choking or anaphylaxis.

Advice on filling in the form:

If the patient has discussed the DNACPR decision with you this should be noted in the appropriate box and if you have discussed the decision with family members (only with a competent patient's consent) this too should be summarised and documented.

If the DNACPR decision is not indefinite a review date must be noted. A DNACPR decision may be suspended for example if the patient were to be anaesthetised. Forms with expired review dates will not be considered valid by the ambulance crew.

A copy of the form should be faxed in the first instance to ambulance control: 444731 and thereafter every time a change is made e.g. "DNACPR suspended".

If the healthcare professional signing the form is not the patient's attending GP/Consultant/Palliative Care Associate Specialist then the form must be endorsed by the latter within 24 hours.

Definitions

- An **adult** (in Jersey) is 18 years or over.
- A **mentally competent** patient is over the age of 18 and has the capacity to make a decision for themselves unless there is evidence to the contrary. They will be able to:-
    - ❖ understand the information relevant to the decision
    - ❖ retain that information
    - ❖ use or weight that information as part of the process of making the decision
    - ❖ communicate the decision
- An **advance directive,** otherwise known as an advance decision to refuse treatment (ADRT) or a living will is a decision made by a mentally competent individual to refuse a particular treatment in certain circumstances. A valid signed and witnessed ADRT is legally binding.
- The **doctor responsible for the patient** is their GP, their consultant or the associate specialist in palliative care.

References
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) *www.resus.org.uk/pages/dnar.pdf* [Accessed 13-06-2012].