

**DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION**

Adults aged 18 years and over



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

NHS or hospital number:   

Date of DNAR Decision

\_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE KEEP ORIGINAL  
IN COLOUR****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?

Yes  No 

If 'NO' has the patient appointed a Welfare Attorney to make decisions on their behalf?

Yes  No 

If 'YES' they must be consulted. If 'NO' consider appointing an IMCA.

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:**

(If the patient has an ICD, contact the local Cardiology Department (arrhythmia nurse) for guidance)

**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 friends:****5 Names of members of multidisciplinary team contributing to this decision:****6 Healthcare professional completing the AAND form**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**7 Review and endorsement by most senior healthcare professional, GP or medic:**This is:  an Indefinite decision /  Needs review    Review date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**8 Only complete this section for patients in the community or on discharge from hospital**

GP name: \_\_\_\_\_ Surgery: \_\_\_\_\_ Tel No: \_\_\_\_\_

GP Informed: Yes  No     Care provider informed: Yes  No Ambulance/ OOHs informed: Fax: 01202 851305  tick when completed

## 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 decision 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 2 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. (see point 4 below re: IMCA).

***16 and 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. The patient must be informed of the decision unless it is judged that this would cause significant physical or psychological harm, in which case this must be clearly documented. 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 cardiorespiratory 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 there are no relatives or friends known, an IMCA referral can be made ([referrals@dorsetadvocacy.co.uk](mailto:referrals@dorsetadvocacy.co.uk) 0300 3437 0000).

If CPR has no realistic prospect of success, relatives and friends should be informed about all DNACPR decisions unless there is a good reason not to do so. State the names and relationships of relatives or friends or 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 of those involved in making this decision. Ensure that the DNAR decision has been communicated to all relevant members of the healthcare team.

#### 6. Healthcare professional completing this DNAR decision

This will vary according to circumstances and local arrangements. Within this Policy this should only be made by the most senior healthcare professional immediately available (i.e doctor, nurse specialist/practitioner who has undertaken recognised training).

#### 7. Endorsement / review

The decision must be endorsed by the medical practitioner responsible for the patient's care at the earliest opportunity. Further endorsement should be signed whenever the decision is reviewed or whenever circumstances change. **A fixed review date is not recommended.**

#### 8. Informing others

It is the responsibility of the healthcare professional completing the form and subsequently those endorsing the decision to ensure that the appropriate agencies are informed of the existence of this order.