Do Not Attempt Cardiopulmonary Resuscitation [DNACPR] Key Messages

1. East of England regional DNACPR documentation has been rolled out to all sectors and care settings across the region to enable a DNACPR order to follow the patient and be readily transferable and recognisable between care settings including Hospital Trusts, Community Trusts, GP Practices, Hospices and Care Homes.

2. Whilst establishing a DNACPR order is a clinical decision it is good practice to have the conversation with the patient if they have capacity [or, if appointed, the LPA for health and welfare] prior to making the DNACPR order. This conversation should be documented on the DNACPR form.

The British Medical Association [BMA], Royal College of Nursing [RCN] and Resuscitation Council [UK] guidance stresses that although the responsibility for decision-making rests with the most senior clinician, these decisions should not be made in isolation, but where appropriate, should involve the patient (or those close to the patient if s/he lacks capacity) and others involved in the clinical care of the patient. **Teamwork and good communication are of paramount importance.**

N.B. Healthcare is increasingly multi-disciplinary and the document is designed to be used in a variety of contexts, including where healthcare teams are led by nurses. Responsibility for decision-making and CPR must always rest with the most senior clinician in charge of a patient’s care. In the majority of cases this will be a registered medical practitioner but in some situations, such as in nurse-led palliative care services, a senior nurse with appropriate training [please see point 10 below] may fulfils this role, subject to local discussion and agreement. The DNACPR policy states that if there is genuine doubt or disagreement about whether CPR would be clinically appropriate a further senior clinical opinion should be sought.

3. Ideally the regional DNACPR form should retain the **red border.** This is to allow it to be recognised easily and located rapidly in a patient’s health record. The DNACPR form must either be an indefinite order or in date [if date set for review] and contain the **original** Senior Responsible Officer [SRO] signature. **[The SRO is the most senior clinician in charge of the patient’s care].** The original patient copy DNACPR form must stay with the patient and follow the patient when they change care settings.

4. Original black and white regional DNACPR forms are acceptable from GP Practices if fully endorsed with the **original SRO signature** and are indefinite or in date [if date set for review].

5. **Photocopied** completed regional patient copy DNACPR forms are **NOT** acceptable.

6. Both first edition [June 2011] and the amended [July 2012] DNACPR regional forms are acceptable as long as they are fully completed and endorsed with the **original SRO signature** and are indefinite or in date [if date set for review].

7. A copy of the DNACPR form which states ‘Copy - File in Clinical Notes’ should be kept in the patient’s notes in clinical areas and retained in the patient’s notes if the patient moves clinical settings or is discharged. GP Practices should hold a clinical record on the GP system by either scanning the completed DNACPR form or by completing their DNACPR electronic template.

8. Hospices, Acute & Community Hospital Trusts should have a timely system to notify the patient’s GP that a valid and current DNACPR is in place and ensure that the regional ‘original patient copy’ DNACPR form stays with the patient and follows them out on discharge if in place on admission or instigated internally.

9. Acute Trusts who are retaining use of their own internal DNACPR form should, for those patients who already have a regional DNACPR form on admission ensure that the regional ‘original patient copy’ DNACPR form stays with the patient and follows them out on discharge whilst transferring patient information onto their own internal DNACPR form [if appropriate]. If a DNACPR form is instigated by the hospital the information should be transferred onto the regional DNACPR form and follow the patient on discharge.

10. A DNACPR nurse competency training package has been developed nationally and is now being rolled out across the East of England in order that senior nurses can have the option to take on full responsibility for DNACPR decision making. The decision to train senior nurses in this extended role lies with the individual organisation and their clinical governance processes.

The following DNACPR documents can be viewed or downloaded at www.eoe.nhs.uk/dnacpr

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy, DNACPR form, DNACPR Patient information leaflet, Frequently Asked Questions.

An e-learning package has also been developed by local clinicians to support all healthcare staff who may be involved in a DNACPR decision. To access the e-learning package, please visit: www.dnacprlearning.co.uk

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