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DNACPR

dispelling the myths



Resuscitation – the facts

- Cardio Pulmonary Resuscitation (CPR) is a traumatic event
- It has a poor survival rate
- It is not how you see it on TV
- In many patients it would be unsuccessful



This DNACPR decision applies only to CPR treatment where the child, young person or adult is in cardiopulmonary arrest

- In this individual, CPR need not be initiated and the hospital cardiac arrest team or paramedic ambulance need not be summoned
- The individual must continue to be assessed and managed for any care intended for health and comfort- this may include unexpected and reversible crises for which emergency treatment is appropriate
- All details must be clearly documented in the notes

Keep original in patient's care setting



Name:	NHS no:
Address:	Date of birth:
GP and practice:	Postcode:
	Place where this DNACPR decision was initiated:

- If an arrest is anticipated in the current circumstances and CPR is not to start, tick **at least one** reason:
- There is no realistic chance that CPR could be successful due to:
 - CPR could succeed, but the individual with capacity for deciding about CPR is *refusing consent* for CPR
 - CPR could succeed but the individual, who now does not have capacity for deciding about CPR, has a *valid and applicable ADRT or court order* refusing CPR
 - This decision was made with the person who has parental responsibility for the child or young person
 - This decision was made following the *Best Interests* process of the Mental Capacity Act

- YES NO n/a Has there been a team discussion about CPR in this child, young person or adult?
 YES NO n/a Has the young person or adult been involved in discussions about the CPR decision?
 YES NO n/a Has the individual's personal welfare lasting power of attorney (also known as a health and welfare LPA), court appointed deputy or IMCA been involved in this decision?
 YES NO n/a Has the individual agreed for the decision to be discussed with the parent, partner or relatives?
 YES NO n/a Is there an emergency health care plan (EHCP) in place for this individual?

Junior doctor (must have full GMC licence and agree DNACPR with responsible clinician below before activating DNACPR)	Sign:	Status:
Senior responsible clinician (if a junior doctor has signed, the senior responsible clinician must sign this at the next available opportunity)	Sign:	Status:
Name:	Date:	Time:
Name:	Date:	Time:

Key people involved in this decision eg. parent, LPA:

- For those individuals transferring to their preferred place of care
- If the individual has a cardiopulmonary arrest during the journey, DNACPR and take the patient to:
 The original destination Journey start Try to contact the following key person
 Name: Status: Tel:
 - If the young person or adult is not aware of the DNACPR, consider informing them as part of their end of life care discussions. Ask if they wish the parent, partner or relative to know about the DNACPR decision.

Reviewing the DNACPR	Date and time reviewed	Name and signature of reviewer
This decision must be reviewed within 12 months (never write 'indefinite')	Review if the patient asks or whenever the condition changes	
Check for any change in clinical status that may mean cancelling the DNACPR. Reassessing the decision regularly does not mean burdening the individual and family with repeated decisions, but it does require staff to be sensitive in picking up any change of views during discussions with the individual, partner or family.		
Any senior responsible clinician who knows the patient can review the DNACPR decision		

Form originally developed by the NHS North East Deciding Right Initiative

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) 048

Is NOT

The Marie Curie Palliative Care Institute
LIVERPOOL

The Liverpool Care Pathway for the Dying Patient (LCP) Core Documentation

➤ LCP generic document version 12
➤ Supporting documentation

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The Royal Liverpool and Broadgreen University Hospitals NHS Trust
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UNIVERSITY OF LIVERPOOL

with you all the way



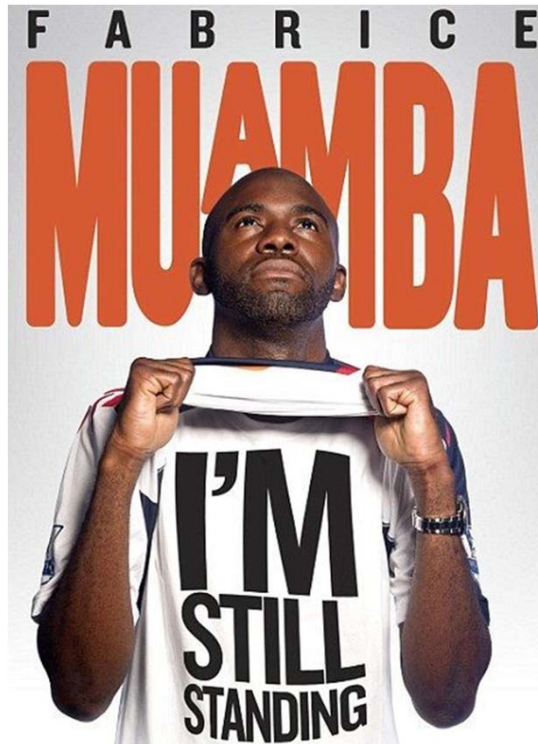
What a DNACPR is

What is DNACPR? - Do Not Attempt Cardiopulmonary Resuscitation – Is a clinical decision that is made in the event of the heart stopping, with no further action being undertaken and a dignified death is able to take place

IT DOES NOT MEAN THAT THE PATIENT WILL NOT BE TREATED



To CPR or not to CPR?



- ❖ Few patients are like Fabrice Muamba
- ❖ Most of our patients have complex chronic disease processes which severely limit the success of CPR



The issues

- DNACPR decisions rest with the medical team if it is deemed to be an unsuccessful procedure. However this decision must be communicated to patients and/or family
- When resuscitation might be successful it is the decision of the patient and consent must be gained



- DNACPR decisions are not made lightly
- They are reviewed on a regular basis, and if the patients condition was to change, the decision could be revoked



Let's talk about it

- Communication is the key to all successful healthcare issues
- The more we talk about DNACPR, the easier the conversations will become
- A patient and relative leaflet has been devised to help facilitate the communication process



Any Questions?