

**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 their 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:	HENNESSEY, Stephen (Mr.)	NHS no: 478 898 3591
Address:	Elderflower Cottage Blindcrake Cockermouth Cumbria CA13 0QP	Date of birth: 06-Nov-1959
GP:	RUDMAN, Andy (Dr)	Place where this DNACPR decision was initiated:
Practice:	Castlegate and Derwent Surgery	

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  Has there been a team discussion about CPR in this child, young person or adult?
- Yes  No  Has the young person or adult been involved in discussions about the CPR decision?
- Yes  No  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  Has the individual agreed for the decision to be discussed with the parent, partner or relatives?
- Yes  No  Is there an emergency health care plan (EHCP) in place for this individual?
- Key people this decision was discussed with** Details of discussions must be recorded (see box right):

Details can be found in:

<b>Junior doctor</b> (must have GMC licence plus full registration and agree DNACPR with responsible clinician below <i>before</i> activating DNACPR)	Sign:	Status:
	Name:	GMC no:
		Date:
		Time:
<b>Senior responsible clinician</b> (If a junior doctor has signed, the senior responsible clinician must sign this at the next available opportunity)	Sign:	Status: GP
	Name: Stefanie Ervine	GMC/NMC no: 7134114
		Date: 02/12/2022
		Time: 14:31

**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:

**This DNACPR is valid for 12 months from either the date of the initial signing or the last review date**

**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**

Date review was done	Name and signature of reviewer
Review if the patient or persons discussed with ask for a review or whenever the condition or situation changes	

Form originally developed by the NHS North East *Deciding right* initiative

**DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) v17.1**