What do I need to do when booking an ambulance?

The DNACPR form belongs to the resident and should accompany them to hospital appointments, hospital admissions etc to prevent inappropriate CPR attempts during transport.

Inform the ambulance service that the resident has a valid DNACPR at the time of booking.

Ensure the ambulance crew are aware of the DNACPR form and that it should remain with the resident and return back to the care home with them.

If the ambulance crew raise any concerns about transportation of a resident, it is the crew's responsibility to discuss their concerns with their manager immediately.

In an emergency what do I do?

A decision not to attempt CPR only applies to cardiorespiratory arrest and a DNACPR decision should not compromise the care for any individual.

If deterioration is anticipated, there should be a clear medical plan to follow and the out of hours medical service should be made aware of that plan and the DNACPR decision.

If deterioration is unexpected, eg head injury or sudden collapse, it may be appropriate to call an emergency ambulance – inform the call handler of the clinical situation but also that the individual has a valid DNACPR form and make this form available to the ambulance crew on arrival.

East Midlands Clinical Network

Fosse House
6 Smith Way
Enderby
Leicester
LE15 9BX

Phone: 0113 824 9601
E-mail: ENGLAND.EastMidsSCNsandSenate@nhs.net

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East Midlands Clinical Networks

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

A GUIDE FOR CARE HOME STAFF

A number of your residents will have a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) decision in their care plan.

The purpose of this guide is to provide answers to some frequently asked questions.

What does CPR and DNACPR mean?

Cardiopulmonary resuscitation (CPR) is the emergency treatment to attempt to restart someone's heart beating and/or breathing. It may involve chest compressions and mouth to mask breathing. Unfortunately it has a very low success rate particularly in those with significant health problems.

For many cardiorespiratory arrest is part of the natural dying process and a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision is made to prevent inappropriate, futile attempts at CPR and allow the individual to have a natural and dignified death.

Who makes a DNACPR decision?

A DNACPR decision is made by a clinician on an individual basis taking into account the state of health, chance of a successful outcome and the individual's wishes.

The DNACPR decision should be discussed with the resident unless he or she does not have capacity to understand and retain the information or if it is believed the discussion would cause the individual physical or psychological harm.

If the individual does not have capacity, the DNACPR decision should be discussed with family or those close to the resident.

How is the decision recorded?

- A clinician may be a GP, senior hospital doctor or a nurse with appropriate training—any of these can complete the DNACPR form.

- A form signed by a nurse with appropriate training does not have to be countersigned by a doctor.

- Black and white DNACPR forms are valid, but the clinician's original signature is required on the form.

- The completed form is placed at the front of the individual's notes where it is easily accessible.

- All care home staff should be made aware of the DNACPR decision.

Does the DNACPR decision need to be reviewed?

The clinician may wish to review the DNACPR decision at frequent intervals especially if the individual's condition is expected to improve. The healthcare professional responsible for the resident's care should put the review date on the form.

For most care home residents, their condition is not expected to improve, indeed it may be expected that they continue to deteriorate. In this situation a DNACPR decision will be appropriate until their death and review of this decision is not necessary, this should be clearly documented by the clinician on the form.

Care home staff should prompt GPs to review the DNACPR decision if the review date is approaching to prevent inappropriate CPR attempts due to out-of-date forms.