What do I need to do when booking an ambulance?

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

Inform the Patient Transport Services (PTS) call handler that the patient 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 patient and return back to the original place of care with them.

If there is a chance the patient may die in transit, for example, a seriously ill patient being transported home to die, ensure there is an agreed location to take the patient and this is communicated to the family and ambulance crew. In the event of a location not being agreed, the deceased individual is likely to be taken to the nearest Emergency Department.

If the ambulance crew raise any concerns about transportation of a patient, 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 plan of care to follow in both the medical and nursing notes. The DNACPR decision should be communicated to all staff involved in the care of that individual.

If deterioration is potentially reversible eg choking, clearing the airway and limited CPR may be appropriate but be mindful of the patient's and family's wishes if known.

If deterioration is unexpected eg head injury or sudden collapse, it would be appropriate to call for medical assistance, this may include 111 or an emergency ambulance – inform the call handler of the clinical situation but also that the patient has a valid DNACPR form and make this form available to the doctor or ambulance crew on arrival.

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DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

A GUIDE FOR COMMUNITY HEALTHCARE PROFESSIONALS

A number of your patients 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 individual 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 person.

Some people have clear views about their own care and treatment and may tell you that they do not want to be resuscitated in the event of a collapse and their heart stopping. In this instance, a clinician should complete a DNACPR form for the person.

CPR is a clinical treatment, a patient cannot demand to be resuscitated if the clinician believes the treatment to be futile but it may be advisable to offer the patient a second opinion.

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.
- Appropriate training would include knowledge of factors influencing CPR success, principles of decision-making about resuscitation and confidence in discussing DNACPR with the patient and family.
- 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 staff involved in the patient's care 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 patient's care should put the review date on the form.

For many patients, their condition is not be 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.

Nursing 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.