

# **Do Not Attempt Cardiopulmonary Resuscitation. (DNAPCR)**



It is sad but true,  
everyone will die  
eventually.



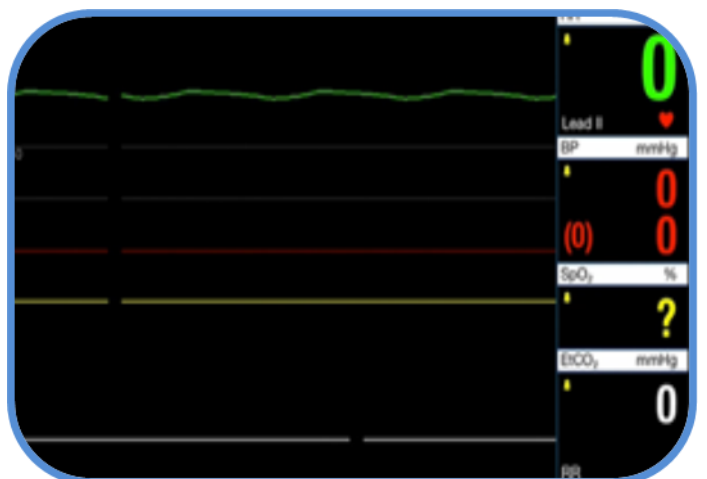
To think about death and  
dying usually upsets us  
and makes us feel scared.



If you are poorly it can be  
helpful to talk about this  
before you get worse.



People die for different  
reasons but when we die  
our heart stops beating.



If your heart stops beating it may sometimes be possible to try to start it again.



This is called cardiopulmonary resuscitation or CPR.



We may try CPR to see if it will help you.



We will push down hard on your chest lots of times.





And use an oxygen mask  
to help you breathe.



We may give you an  
electric shock to try to  
restart your heart.



CPR does not work every  
time and it may not fix  
what made your heart  
stop.



You may decide you do  
not want CPR.



Let your doctor know if you think you would not want CPR.



Make sure you talk to your family, friends and carers. You can speak to your doctor with them too.



The final decision about DNACPR is made by your doctor. Your family or carer have a right to be involved and informed.



A form will be filled in saying DNACPR when it's been decided. This form may go with you so everyone knows what to do if your heart stops.

RoSPeCT Recommended Summary Plan for Emergency Care and Treatment for:		
1. Personal details		
Full name	Date of birth	Date completed
NHS/CHI/health and care number	Address	
2. Summary of relevant information for this plan (see also section 6)		
Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded		
Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.		
3. Personal preferences to guide this plan (when the person has capacity)		
How would you balance the priorities for your care (you may mark along the scale, if you wish):		
Resuscitation	Life-sustaining treatment	Focus on symptom control
Considering the above priorities, what is most important to you (optional):		
4. Clinical recommendations for emergency care and treatment		
Focus on life-sustaining treatment as per guidance below	Focus on symptom control as per guidance below	
Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital or receiving life support		
CPR attempts recommended Adult or child	For modified CPR Child only, as detailed above	CPR attempts NOT recommended Adult or child
Signature	Signature	Signature

If you have difficulties making this decision, it may be made in your 'best interests'.



A DNACPR decision will not affect any of your treatment and you will still get the best care and medicines for your condition.



This would then allow a natural peaceful death with your loved ones around you.



If you have any questions please speak to your doctor

## Notes/Questions

### **Additional information can also be accessed:**

“Your guide to decisions about Cardiopulmonary Resuscitation (CPR). Which is the regional patient information leaflet.

Hospital switchboard: 01332 340131  
[www.uhdb.nhs.uk](http://www.uhdb.nhs.uk)