

How to complete the Regional Unified Do not attempt Cardio-Pulmonary Resuscitation (DNACPR) form.

Information for GPs & Community

A decorative graphic at the bottom of the slide featuring a stylized white bird or wing shape on the left, set against a background of soft, flowing gradients in shades of blue, purple, and red.

When should I use the DNACPR form?

- You should consider using the DNACPR form (as part of Advance Care Planning), if you would not be surprised if the patient were to die in the next year.



Where can I get a copy of the DNACPR form?

- Your practice has been supplied with a pack of DNACPR forms, along with copies of the patient information leaflet.
- To obtain more contact Angela Ainsworth, Liverpool CCG. **Tel: 0151 296 7436**
Angela.Ainsworth@liverpoolccg.nhs.uk

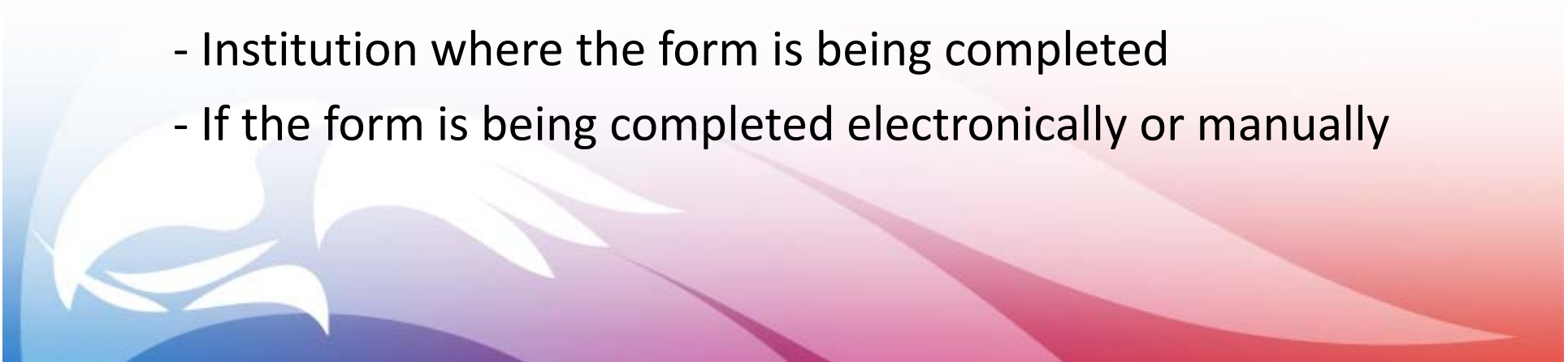
About the form

- The DNACPR form is designed to be transferable between all care settings and to be held by the patient.
- The form carries a clear message that it is related to cardio-pulmonary resuscitation only. This ensures patients known to be approaching the end of life receive appropriate care and treatment, and are not resuscitated inappropriately or against their wishes.
- It also takes into consideration the Mental Capacity Act (2005) and gives a legitimate framework in which to discuss cardio-pulmonary resuscitation at the end of life.

How to complete the DNACPR form

Using a black ball-point pen, clearly complete:

- The persons full name
- Address
- Date of birth
- NHS or hospital number
- Date of writing the decision
- Institution where the form is being completed
- If the form is being completed electronically or manually



Example Form

LILAC FORM STAYS WITH PERSON WHEREVER THEY ARE BEING CARED FOR.
WHITE FORMS FOR AUDIT AND NOTES.

UNIFIED DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

In the event of cardiac or respiratory arrest no attempts at CPR will be made. All other appropriate treatment and care will be provided.

Version 1 - April 2013

Name:

KELLY JONES

Address:

Arthouse, 61 – 67 Seel Street,
Liverpool

Post code:

L1 4AZ

Date of birth:

9 / 9 / 82

NHS or hospital number:

x x x x x x x x x x

Date of DNACPR Decision

1 / 8 / 13

Institution Name

Arthouse GP
Practice

Form completed electronically? Yes No

Before completing this form,
please see explanation notes

Completing the DNACPR form *(cont)*. . .

Next you must complete the reason for the DNACPR decision

- The reason for the DNACPR decision
- The health professional making the decision

It has been agreed by the LMC that, for Primary Care, completion of the DNACPR form will be restricted to GPs.



1. Reason for DNACPR decision: (select A, B or C)

A) CPR is unlikely to be successful due to

[Redacted]

This decision has been discussed with the person Yes No If No state reason

The relevant other has been informed of the decision Yes No If No state reason

Name of relevant other:

[Redacted]

B) CPR may be successful, but of life followed by a length and quality which would not be of overall benefit of the person.

• Person involved in discussions? Yes No If No state reason

[Redacted]

• Person lacks mental capacity and has a legally appointed Welfare Attorney:

[Redacted]

• Person lacks mental capacity and does not have a legally appointed Welfare Attorney. Decision is made on the balance of overall benefit to the person in discussion with:

[Redacted]

C) There is a valid advance decision to refuse CPR in the following circumstances: All circumstances Yes No

Specific Circumstances (please state):

[Redacted]

Attach a copy of the Advance Decision to Refuse Treatment (ADRT) to the back of the DNACPR form.

2. Healthcare professional making this DNACPR decision:

Name: Kelly Jones

Position: GP

GMC/NMC: 123456

Signature: *K. Jones*

Date: 1 / 8 / 13

Time: 13.23pm

If decision has been made by a delegated professional, the decision needs to be verified at the earliest opportunity:

Name:

Position:

GMC/NMC:

For GP practices the delegated professional section does not apply.

Completing the DNACPR form *(cont)*. . .

A fixed review date is not recommended. This decision will be regarded as “INDEFINITE” unless:

- i) a definite review date is specified
- ii) there are changes in the person’s condition
- iii) their expressed wishes change



3. Review: (Select ONE box only)

This is an indefinite decision /

Needs reviewing

Review date if appropriate: 11 / /

Outcome of review: DNACPR to continue? Yes No

Name:

Position:

GMC/NMC:

Signature:

Date: / /

Time:



Completing the DNACPR form *(cont)*. . .

- It is the responsibility of the person completing the DNACPR form to ensure that other healthcare teams involved in the care of the patient are aware of the DNACPR decision. These may include out of hours GP and nursing teams, the ambulance service, the hospital emergency department, community nurses, palliative care services and other specialist teams involved in caring for the patient. This can be done electronically or by safe fax.
- Please ensure that all health and social care staff who have been informed, are aware of their responsibility to document the decision in their own records, as the original stays with the person.

Communicating the DNACPR decision

CPR

Please Tick

4. Who has been informed of this DNACPR decision?

GP

Ambulance Warning Flag

Out of Hours

Care Provider (Please state)

Liverpool Community Health

Other (Please state)

Next of kin

CPR

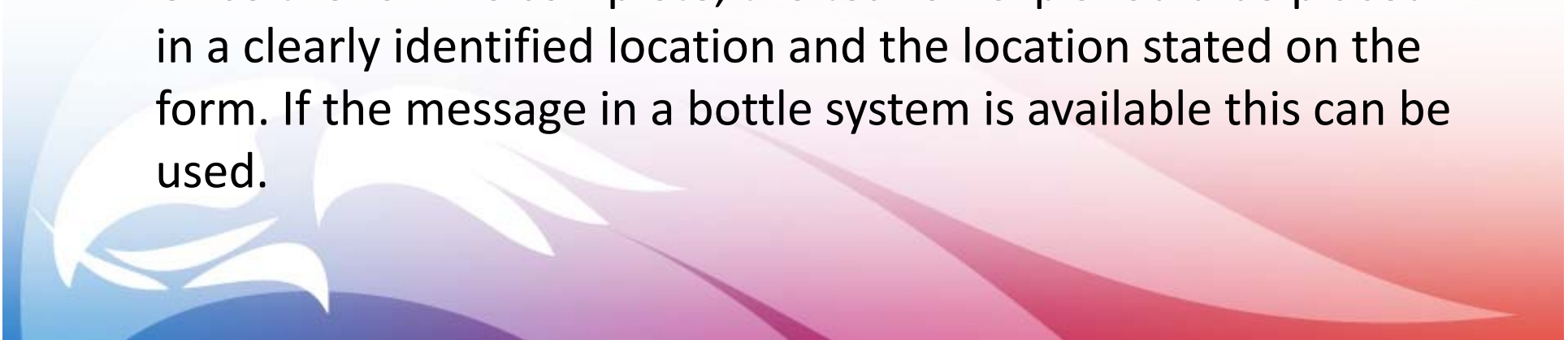
Completing the DNACPR form *(cont)*. . .

Other important information:

- This needs to be very clear and precise, for example if the patient is transferring care setting, include name, address and telephone number of the destination and next of kin.

Tear of slip:

- Once the form is complete, the tear off slip should be placed in a clearly identified location and the location stated on the form. If the message in a bottle system is available this can be used.



5. Other important information:

For example, ambulance crew instructions on transfer, Ceilings of treatment, Preferred place of care/death.

Mrs Jones would prefer to die at home.

Other important information

Name: Kelly Jones.

Address: Arthouse, 61 – 67 Seel Street,
Liverpool

Post code: L1 4AZ.

Date of birth: 9 / 9 / 1982

NHS or hospital number:

The DNACPR form is located:

In the nursing notes in the top draw of the sideboard in the dining room.

Important: this form **MUST** be printed on lilac paper

Cut off slip and place in "message in a bottle"

labelling a DNACPR form

- If the decision is cancelled, the DNACPR form should be crossed through with two diagonal lines, in black ball-point ink and “CANCELLED” clearly written between the lines.
- The form should be signed and dated by the clinician cancelling the form.




LILAC FORM STAYS WITH PERSON WHEREVER THEY ARE BEING CARED FOR.
WHITE FORMS FOR AUDIT AND NOTES.

UNIFIED DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

In the event of cardiac or respiratory arrest no attempts at CPR will be made. All other appropriate treatment and care will be provided.

Version 1 - April 2013

Name:		Date of DNACPR Decision:		
Address:				North of England North West
Post code:		Institution Name:		
Date of birth:		Form completed electronically? Yes <input type="checkbox"/> No <input type="checkbox"/>		
NHS or hospital number:		Before completing this form, please see explanation notes		
1. Reason for DNACPR decision: (select A, B or C)				
<input type="checkbox"/> A) CPR is unlikely to be successful due to				
This decision has been discussed with the person Yes <input type="checkbox"/> No <input type="checkbox"/> If no state reason...				
The relevant other has been informed of the decision Yes <input type="checkbox"/> No <input type="checkbox"/> If no state reason...				
Name of relevant other: _____				
<input type="checkbox"/> B) CPR may be successful, but of life followed by a length and quality which would not be of overall benefit of the person.				
• Person involved in discussions? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason...				
• Person lacks mental capacity and has a legally appointed Welfare Attorney:				
• Person lacks mental capacity and does not have a legally appointed Welfare Attorney. Decision is made on the balance of overall benefit to the person in discussion with:				
<input type="checkbox"/> C) There is a valid advance decision to refuse CPR in the following circumstances: All circumstances: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Specific circumstances (please state): _____				
Attach a copy of the Advance Decision to Refuse Treatment (ADRT) to the back of the DNACPR form.				
2. Healthcare professional making this DNACPR decision:				
Name:		Position:		GMC/NMC:
Signature:		Date: / /		Time:
If decision has been made by a delegated professional, the decision needs to be verified at the earliest opportunity:				
Name:		Position:		GMC/NMC:
Signature:		Date: / /		Time:

K. Jones
01/08/13

CANCELLED

3. Review: (Select ONE box only) <input type="checkbox"/> This is an indefinite decision / <input type="checkbox"/> Needs reviewing				
Review date if appropriate: / /		Outcomes of review: DNACPR to continue? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name:		Position:		GMC/NMC:
Signature:		Date: / /		Time:

4. Who has been informed of this DNACPR decision?				
<input type="checkbox"/> GP	<input type="checkbox"/> Ambulance Warning Flag	<input type="checkbox"/> Out of Hours		
<input type="checkbox"/> Care Provider (Please state)				
<input type="checkbox"/> Other (Please state)				

5. Other important information: For example, ambulance crew instructions on transfer, Ceilings of treatment, Preferred place of care/death.				

off slip
place in
sage in
ottle"

Name:		The DNACPR form is located:
Address:		

uDNACPR

uDNACPR

labelling a DNACPR form

- It is the responsibility of the person cancelling the DNACPR decision to communicate this to all parties informed of the original decision.



What happens when the form is completed?

- Electronic forms must be printed off, signed on lilac paper and a copy given to the patient. Copies should also be kept for audit purposes and notes.
- If you are using triplicate paper forms – the lilac copy should be kept with the patient, the 1st white copy kept for audit and the 2nd white copy retained in the patients notes.