

Unified Do Not Attempt Cardiopulmonary Resuscitation (uDNACPR)

For GPs and Community Staff



Aim of this training

- To ensure GPs and community staff are aware of the Unified Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy, processes and responsibilities needed to initiate a DNACPR decision

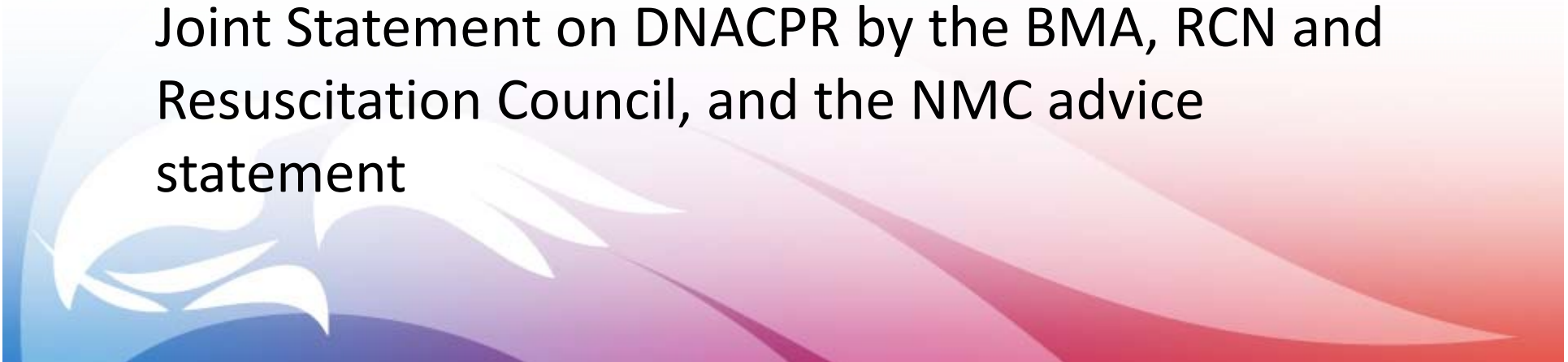


Objectives of the Training

- Understand the general principles of DNACPR
- Demonstrate knowledge of the DNACPR decision making framework
- Discuss clinical decision making around the DNACPR process
- Accurately complete a DNACPR form
- Discuss how to approach difficult decisions

Compliance

- This e-learning training is the guide agreed by Liverpool CCG to support implementation of the North of England North West Unified Do not Attempt Cardiopulmonary Resuscitation (DNACPR) Policy.
- The overarching principles are compliant with the Joint Statement on DNACPR by the BMA, RCN and Resuscitation Council, and the NMC advice statement

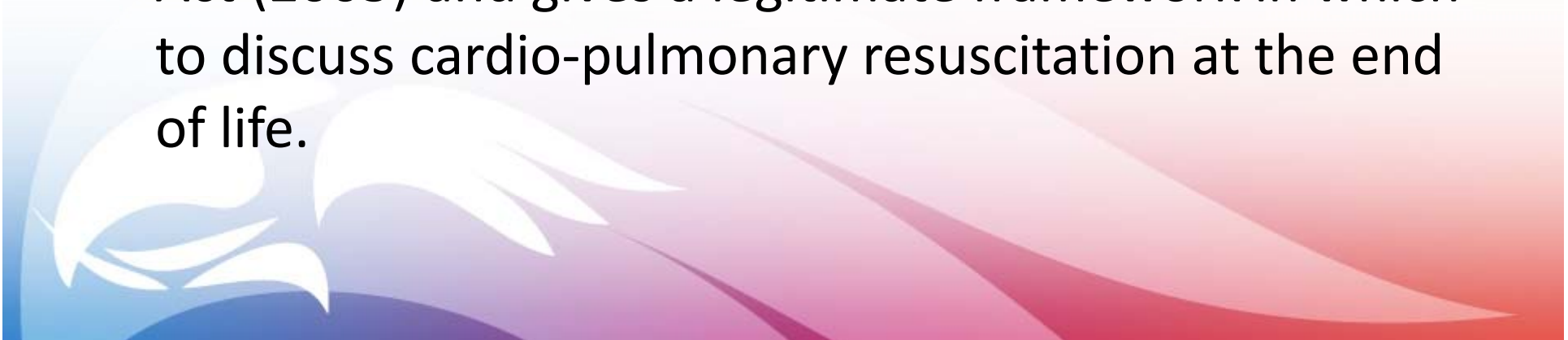


Background to the unified DNACPR policy

- During the last 18 months, a project, led by NWAS, has developed a North West unified regional approach to organisational DNACPR policy design; with common principles and documentation to operate across all care settings.
- The policy carries a clear message that it is related to cardio-pulmonary resuscitation only, for **adults aged 18 and over**. 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.

Background to the unified DNACPR policy (cont)

- The DNACPR form is designed to be transferable between all care settings and to be held by the patient.
- 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 do I access the DNACPR policy

- The policy is available on Liverpool CCG's intranet page and can be accessed using the link below.

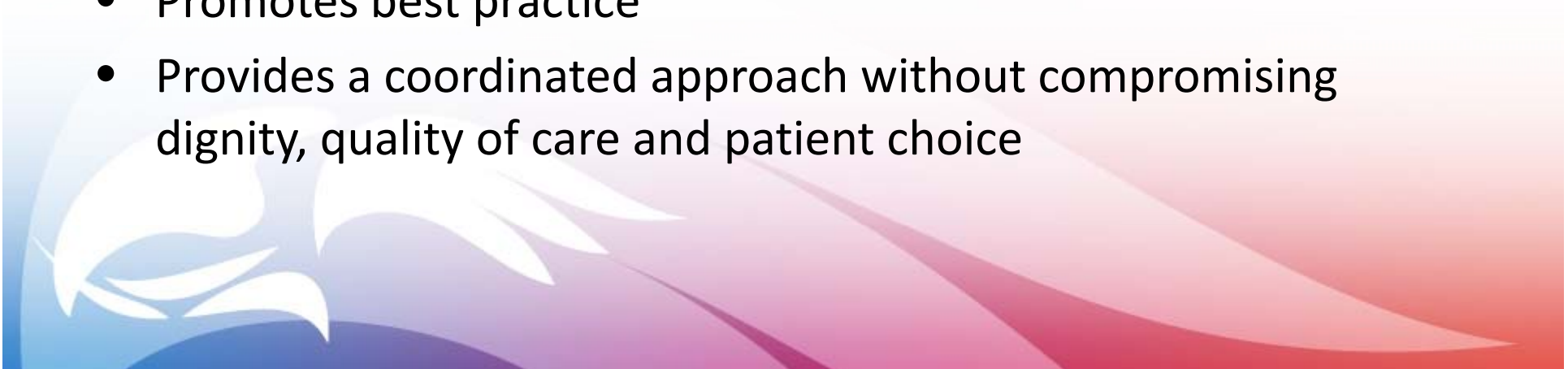
[http://nww.liverpoolccg.nhs.uk/Clinical/end_of
life/default.aspx](http://nww.liverpoolccg.nhs.uk/Clinical/end_of_life/default.aspx)



DNACPR Policy

This policy works towards the implementation of a framework which:

- Ensures all NHS staff are aware of their responsibilities, decisions and the processes involved in relation of DNACPR
- Established standardised guidance
- Promotes best practice
- Provides a coordinated approach without compromising dignity, quality of care and patient choice



When should I use the DNACPR policy?

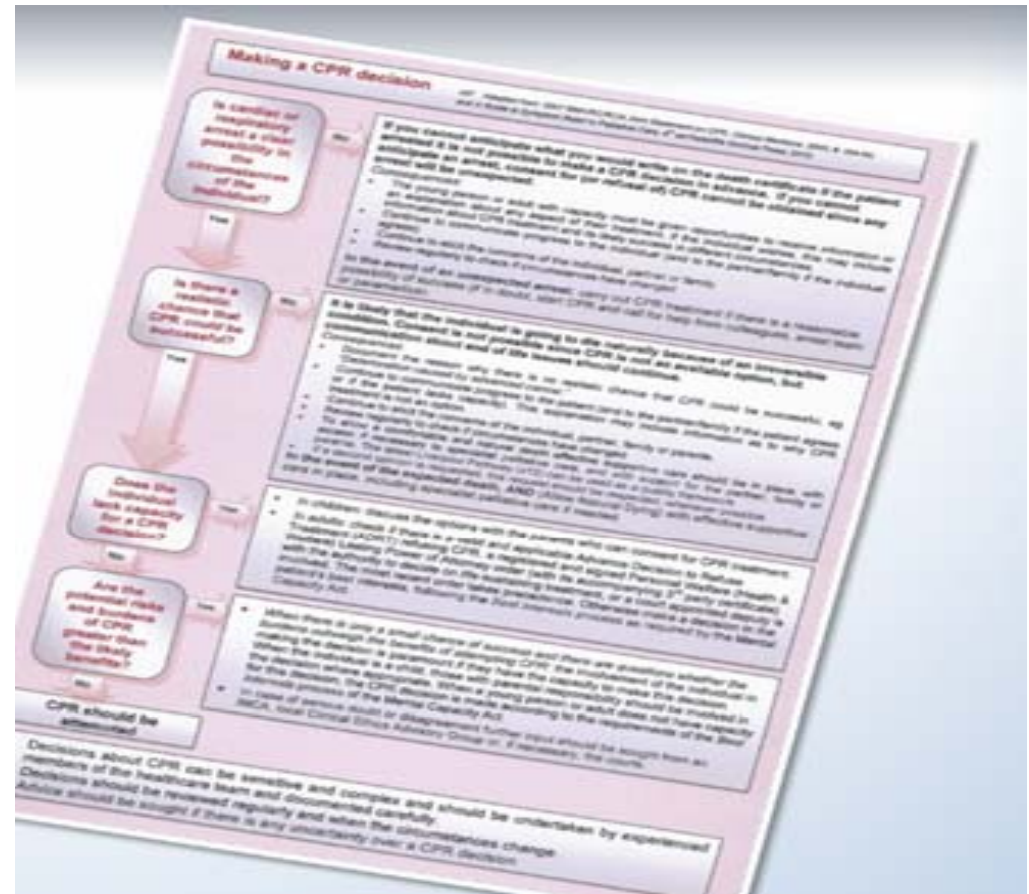
You should consider using the DNACPR form (as part of Advance Care Planning), if you would not be surprised if the patient were to die in the next year, or if a patient requests not to be resuscitated.



Framework for making a DNACPR decision

The DNACPR policy contains within it a framework designed to enable decisions regarding cardiopulmonary resuscitation.

The slides that follow explore the options within the framework and the appropriate actions.





Is cardiac or respiratory arrest a clear possibility in the circumstances of the individual?

Yes

Is there a realistic chance that CPR could be successful?

Yes

Does the individual lack capacity for a CPR decision?

No

Are the potential risks and burdens of CPR greater than the likely benefits?

No

CPR should be attempted unless the individual has capacity and states that they would not want CPR attempted

Is cardiac or respiratory arrest a clear possibility in the circumstances of the individual?



No

If there is no reason to believe that the individual is likely to have a cardiac or respiratory arrest, it is not necessary to initiate discussions with them (or those close to the person if they lack capacity). If, however, the individual wishes to discuss CPR this should be respected.



When a DNACPR decision is made on these clear clinical grounds, it is not appropriate to ask the person's wishes about CPR, but careful consideration should be given as to whether to inform them of the DNACPR decision.

Where the individual lacks capacity and has a Lasting Power of Attorney (LPA), court Appointed Deputy or guardian, this person must be consulted about the DNACPR decision and the reasons for it as part of the on-going discussions about the individual's care.

If a second opinion is requested, this should be respected whenever possible.

Is cardiac or respiratory arrest a clear possibility in the circumstances of the individual?

Yes

Is there a realistic chance that CPR could be successful?

Yes

Does the individual lack capacity for a CPR decision?

Yes

Do they have a valid and applicable ADRT? If so this must be respected. If an attorney, deputy or guardian has been appointed, they should be consulted.

If no, a decision will be made on the basis of best interest. Decision makers have a legal duty to consult with those close to the individual who lacks capacity.

If there is no appropriate consult and the person has been assessed as lacking capacity, then an instruction to an independent Mental Capacity Advocate (MCA) must be considered.

Is cardiac or respiratory arrest a clear possibility in the circumstances of the individual?

Yes

Is there a realistic chance that CPR could be successful?

Yes

Does the individual lack capacity for a CPR decision?

No

Are the potential risks and burdens of CPR greater than the likely benefits?

Yes

When there is only a very small chance of success and there are questions as to whether the burdens outweigh the benefits of attempting CPR, the involvement of the individual (or if the person lacks mental capacity those close to him/her) in making the decision is crucial. When the individual has mental capacity their own view should guide the decision making.

Discussing DNACPR

Please follow the link below to watch a short video in which Dr Kiely, a consultant in palliative care medicine, discusses DNACPR with Dr Bolster, a specialist doctor in palliative medicine.

http://nww.nyypct.nhs.uk/HR/WD/DNACPR/video/DNACPR_1.wmv



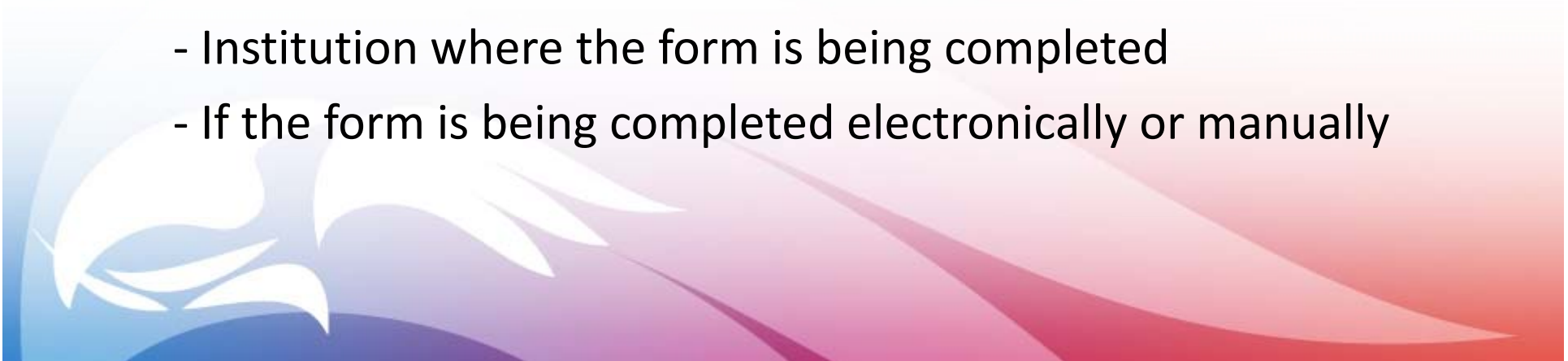
Completing the DNACPR form



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



North of England
North West

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:

[Redacted]

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, 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

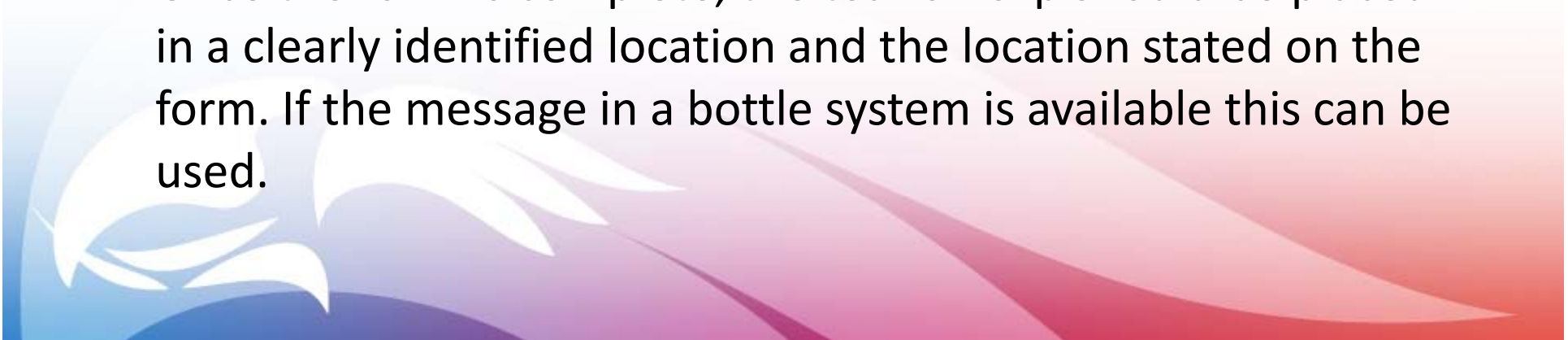
Completing the DNACPR form *(cont)*. . .

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"

Important: this form MUST be printed on lilac paper

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.				
<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.				

Name:		The DNACPR form is located:	
Address:			

off slip
place in
sage in
ottle"

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.

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 on Angela.Ainsworth@liverpoolccg.nhs.uk or call 0151 296 7436.

Electronic version's of the form

- The DNACPR form can also be completed electronically. Laura Hosey-Davies is in the process of uploading the form to EMIS Web.
- **The read code for DNACPR will be:** Do not actively cardio pulmonary resuscitate(DNACPR) 1R10



Discussing DNACPR with patients



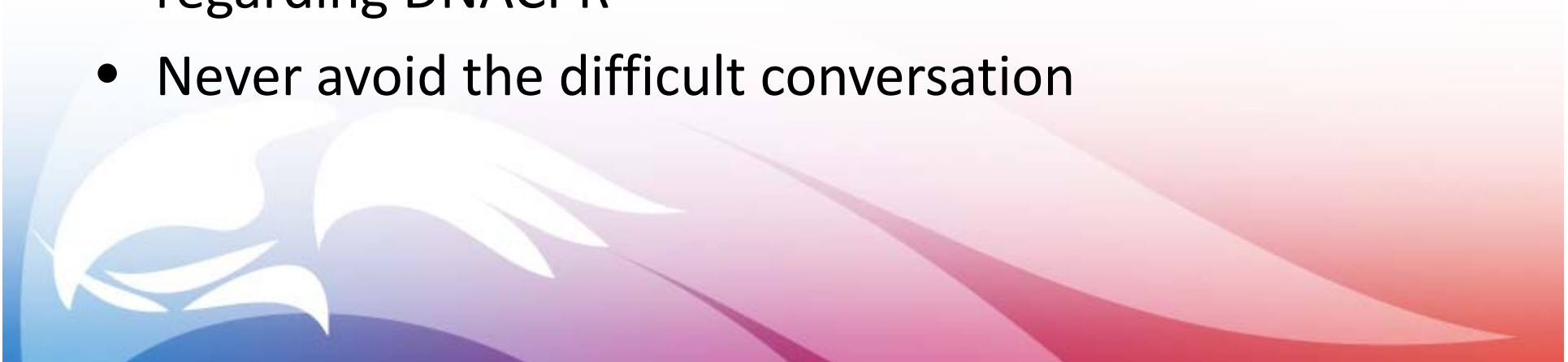
- Please follow the link below to watch a short video in which Dr Mary Kiely discusses DNACPR with a patient (played by an actress)

http://nww.nyypct.nhs.uk/HR/WD/DNACPR/video/DNACPR_2.wmv



Key points

- Access the policy using the End of Life intranet page.
- Follow the framework for making CPR decisions.
- Ensure all paperwork is completed fully – if you are unsure revisit the relevant slides
- Communicate the clinical decisions you make regarding DNACPR
- Never avoid the difficult conversation



Key points

Remember to access the CCG intranet for relevant information and additional resources, such as frequently asked questions and the patient information leaflet.

If following this training you have a query regarding the policy or form, you can contact either of the following people:

- Rob Barnett - rob.barnett@liverpool-lmc.org.uk
- Cathy Hubbert - Cathy.Hubbert@livgp.nhs.uk
- Jillian Kirkham - Jillian.Kirkman@livgp.nhs.uk

This presentation has been kindly adapted from York Teaching Hospitals NHS Foundation Trust DNACPR e-learning Package

Further Training

Free online training for end of life is already available via End of Life Care for All (e-ELCA). E-ELCA is an e-learning project, commissioned by the Department of Health and delivered by e-Learning for Healthcare (e-LfH) in partnership with the Association for Palliative Medicine of Great Britain and Ireland to support the implementation of the Department of Health's national End of Life Care Strategy (July 2008).

For further updates and training please log onto <http://www.e-lfh.org.uk/projects/end-of-life-care/>