

## Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)

### Frequently Asked Questions

The primary goal of healthcare is to benefit patients, by restoring or maintaining their health, and cardio-pulmonary resuscitation (CPR) is a prime example of a potentially life-saving intervention. However, whilst patients who have an acute event, such as a heart attack, may recover with CPR, the chances of survival are much lower for patients who suffer this due to the progression of a life limiting illness.

As such, NHS North of England has developed a regional unified **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)** form, policy and patient information leaflet for use in 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.

This document is intended to answer some of the frequently asked questions around the implementation of the unified DNACPR policy in the North West region.

Question	Answer
Q1. What does a DNACPR decision mean?	<p>If someone's heart or breathing stops as expected due to their medical condition and they have a DNACPR order, no attempt should be made to perform cardiopulmonary resuscitation (CPR).</p> <p>A DNACPR decision does not mean 'Do not treat', only that resuscitation procedures should not be commenced following cardiac arrest. This should not affect other aspects of care and treatment, for example treatment of life threatening anaphylaxis, choking, infection, nutrition or hydration.</p>
Q2. Are all care providers adopting the new unified policy?	<p>All care providers in the Liverpool patch have adopted and are using the new unified 'Do not attempt Cardio-Pulmonary Resuscitation (DNACPR) policy and form from <b>3<sup>rd</sup> February 2014</b>. The form is transferrable between settings, including during transport.</p> <p>Across Merseyside, care providers in Knowsley, Halton, St Helens, Sefton and Warrington have, or will shortly be, implementing the policy.</p>
Q3. How do I know that the person who signs the form is authorised to do so?	<p>In Liverpool only doctors are signing forms – GPs in Primary Care and the most senior doctor present in Acute Settings.</p>
Q4. Have care homes adopted the new policy and form?	<p>The care homes have been informed of the new policy and have/will be receiving support from Liverpool CCG in the form of information and an education package. Care home staff will not be completing these forms although they can continue to have conversations around end of life care.</p>

Q5. Do relatives of the patient have to be told about the DNACPR decision?	The regional DNACPR process is based on good communication and DNACPR decisions should be discussed with relatives where appropriate; provided the patient has given consent.
Q6. How long is the form valid for, when should it be reviewed and should it be reviewed?	A fixed review date is not recommended. This decision will be regarded as indefinite unless: <ul style="list-style-type: none"> <li>i) a definite review date is specified</li> <li>ii) there are changes in the person's condition</li> <li>iii) their expressed wishes change</li> </ul>
Q7. Can the patient change their minds about a DNACPR decision?	Yes, this is a patient led decision. Should a patient change their mind just cancel the active lilac form with two diagonal lines and keep the cancelled copy in your notes. The person who cancels a form should let other providers know e.g. NWS and UC24 Out of Hours, aware of the cancellation.
Q8. Who can make an advance DNACPR decision?	Each provider has their own criteria for who has responsibility for making the DNACPR decision. Most have restricted this to consultants. For Primary Care, the LMC have agreed in the DNACPR policy that only GPs (and ideally those who have known the patient for a period of time) will be able to sign a DNACPR form for their patient and no other member of the Practice.
Q9. Is the DNACPR form valid across care boundaries, i.e. hospital to home or hospital to hospice?	Yes - as long as the senior clinician who takes over clinical responsibility for the patient in the new care setting is informed of, and is happy to take responsibility for the DNACPR decision as appropriate to their clinical assessment. This responsibility also involves an undertaking to review the decision, if appropriate.
Q10. Can the DNACPR form ever be photocopied?	Yes, for audit and medical record purposes but any photocopy should be scored through and "COPY" written across it to ensure it is not mistaken for the valid original form. A photocopy should never be used as a valid form in case the original has been changed or reversed in the meantime.
Q11. How many copies of the form can there be?	There should be three copies of the form. The lilac copy which is the active copy and retained by the patient, the 1 <sup>st</sup> white copy which should be kept should be retained in the patients notes and the the 2 <sup>nd</sup> white copy which should be retained for audit.
Q12. If there is a DNACPR form is it ever right to initiate CPR?	There is always a clinical judgement to be made at the time of a cardiopulmonary arrest. Where the arrest is witnessed and it is clearly due to an easily reversible cause it may be appropriate to initiate CPR irrespective of the DNACPR order, e.g. choking. This should, if appropriate, be explained to the patient at the time of making a DNACPR decision.
Q13. What if a patient with a DNACPR form deteriorates unexpectedly?	Any patient who deteriorates unexpectedly should be assessed and managed appropriately, regardless of whether there is a DNACPR form or not. The decision not to attempt the procedure of cardiopulmonary resuscitation detailed on the form does not preclude other interventions in situations other than a cardiopulmonary arrest but it may prompt different questions to be asked about what is happening to the patient.
Q14. How can you ensure the ambulance service is	It is the responsibility of the person completing the DNACPR form to ensure that the ambulance service is aware of the DNACPR

<p>informed of the right person having a DNACPR form?</p>	<p>decision. For GPs this can be done the by notifying the North West Ambulance Service (Nwas) through the Electronic Referral &amp; Information Sharing IT System (ERISS). Nwas will then flag this information. The roll out of EPaCCS will also help with information sharing between providers.</p>
<p>Q15. Why was the decision made to give the patient the form to take home, would it not be easier to keep it in their notes?</p>	<p>The decision belongs to the patient therefore it needs to be where the patient is. If the form is in the notes it will not be easily accessible to all health care professional looking after that patient at home. The patient will decide where to keep the form at home, whether this is in their care notes in the house, or in a drawer etc. and this will be highlighted on the DNACPR form at the time of completion. In the patient's home a sensible place to keep the form is the front of the district nurse's notes if they are known to the DN team.</p>
<p>Q16. If the patient has an old form and a new form is completed, what happens to the old form?</p>	<p>The old forms need to be replaced so as not to cause confusion. The old form can be cancelled. Cross the old form with 2 diagonal lines and write clearly between the lines 'Transferred to new documentation.' Any copy in the patient's notes should also be cancelled.</p> <p>Liverpool CCG accept there will be transition phase but would like all old forms to be transferred to the new unified DNACPR form within 6 months.</p>
<p>Q17. What happens if the consultant / GP refuses to write these forms even if they agree resuscitation would be futile / inappropriate?</p>	<p>The patient can ask for a second opinion to be sought from another consultant / GP, so that a DNACPR decision can be written. If the patient is asking for this decision and it is refused, they are within their rights to seek a second opinion / legal advice.</p>
<p>Q18. Whose responsibility is it to inform all other carers / care providers of the DNACPR decision?</p>	<p>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.</p> <p>It is the patient's responsibility to tell other family members, friends and carers.</p> <p>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.</p>
<p>Q19. In the future will nurses be trained to write a DNACPR decision?</p>	<p>At present there are no plans for nurses to be trained to write a DNACPR decision.</p>
<p>Q20. If the patient is very deaf it makes a discussion about DNACPR extremely unproductive and certainly not in confidence. Any suggestions?</p>	<p>Take the patient to a private room with their working hearing aids, someone who signs, if necessary, and their relevant others. The patient information leaflet is an adjunct to the discussions.</p>

<p>Q21. If the patient does not speak or read English it can make a discussion about DNACPR extremely unproductive. Any suggestions?</p>	<p>In these circumstances a translator can be used to facilitate discussions with the patient.</p>
<p>Q22. If a patient is admitted to an acute Trust and a consultant decides to cancel the DNACPR decision, can they do that?</p>	<p>On discussion with the patient, or their advocate, should there have been changes to the patient's health then the consultant can discuss this with the patient. This may lead to a decision for the form to be cancelled.</p> <p>If the patients clinical situation or own decision has not changed there would be no reason to cancel the DNACPR decision. Having a different doctor in charge of a patients care should not be a reason to cancel.</p>
<p>Q23. What about people with mental and learning disabilities? Who completes the form then?</p>	<p>Only individuals trained to complete the DNACPR form and competent in the Mental Capacity Act should approach DNACPR decision with these patients. This applies to acute and primary care.</p>
<p>Q24. When do I start using the new lilac unified DNACPR form?</p>	<p>The new policy and form will be implemented on <b>3<sup>rd</sup> February 2014</b> and you will need to use the form from this date onwards.</p>
<p>Q25. What should I do with my supply of old DNACPR forms?</p>	<p>These forms are no longer valid and should be shred / put in confidential waste bins.</p>
<p>Q26. I've run out of patient leaflets, do I need them?</p>	<p>Yes. It is important that the patient has information around the form in case they wish to refer to this after they have completed it. It is also helpful for them to share with family and friends should they wish. If you run out of hard copies of the leaflet, you can print a copy. To find a copy of the patient leaflet please click on the CCG intranet where all DNACPR information can be found at:  <a href="http://nww.liverpoolccg.nhs.uk/Clinical/end_of_life/default.aspx">http://nww.liverpoolccg.nhs.uk/Clinical/end_of_life/default.aspx</a></p> <p>Alternatively GP Practices can contact Angela Ainsworth, CCG Administrator, on <a href="mailto:angela.ainsworth@liverpoolccg.nhs.uk">angela.ainsworth@liverpoolccg.nhs.uk</a>, or call 0151 296 7436 and she will arrange for further supplies to be sent to you.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">         NHS North of        England North West     </div> <div style="text-align: center;">         131209 Easy Read        Leaflet.pdf     </div> </div>
<p>Q27. How do I fill in the form?</p>	<p>A simple presentation has been developed to outline the correct procedure for completing the DNACPR form (see embedded document).</p> <div style="text-align: center;">         DNACPR - how to        complete the form.pp     </div> <p>You will need to follow this process.</p>

<p>Q28. What if an error is made during completion of the form?</p>	<p>Cross the form with 2 diagonal lines and write clearly between the lines 'Void due to error,' do not discard as it is important for audit.</p>
<p>Q29. Who can I contact if I have a query?</p>	<p>If you have a query regarding the policy for form you can contact either of the following people:</p> <p>Rob Barnett - <a href="mailto:rob.barnett@liverpool-lmc.org.uk">rob.barnett@liverpool-lmc.org.uk</a>  Cathy Hubbert - <a href="mailto:Cathy.Hubbert@livgp.nhs.uk">Cathy.Hubbert@livgp.nhs.uk</a>  Jillian Kirkham - <a href="mailto:Jillian.Kirkman@livgp.nhs.uk">Jillian.Kirkman@livgp.nhs.uk</a></p> <p>If you have any concerns or queries around this policy please call the CCG on <b>0151 2967000</b> and ask to speak to Helen Murphy or Hannah Hutchinson.</p>