Adult Social Care and Health
OP/PD and LD/MH

DO NOT ATTEMPT CARDIO-PULMONARY RESUSCITATION (DNA CPR)

Practice Guidelines

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Practice Guidance

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1. Practice Guidance

DNA CPR guidelines are based on the British Medical Association (BMA), Royal College of Nursing (RCN) and Resuscitation Council UK (RCUK).

It is the policy of Adult Social Care and Health directorate to attempt resuscitation unless there is a DNA CPR form on the resident's care and support plan signed by a health care professional. There should be a presumption in favour of attempting resuscitation unless a valid and applicable DNA CPR decision has been made.

Cardio-pulmonary resuscitation (CPR) can be attempted on any individual in whom cardiac and respiratory function ceases. Failure of these functions is inevitable as part of the dying and thus CPR can theoretically be used on every individual prior to death

This is the core of the document for SC staff. It needs to describe:

- Who needs to apply the document, and to whom.
- What they need to do.
- When they should do this.
- How they will do it.

1.1 What is DNA CPR?

First and foremost, **DNA CPR is a medical decision.** Each decision is made on an individual basis, respecting human rights and taking into consideration the patient's personal and clinical circumstances. Legally the only person who can make the final decision on whether to resuscitate or not, is the GP or other senior health care professional who has been specifically trained in this area and who is in charge of that resident's care at that time.

Although, other members of the multi-disciplinary team can be involved in listening to the views of the patient as well as those close to the patient, or in discussing the treatment aims with them, the actual documentation can only be signed by the GP/senior health care professional in charge.

In normal hours this will be the patient's GP/senior health care professional. Out of hours, this would be the on-call doctor involved with the care home at that time. **It cannot be a verbal order: it must be written down to make it legal.** Thus, advance decision-making can help in the case where an out-of-hours doctor attends who is not familiar with the resident's history.

1.2 What does a DNA CPR form look like?

A DNA CPR form (see appendix 1) must be fully completed, signed by the responsible clinician in charge of the patient's care, and dated. Reasons for the decision, a summary of any communication with patient, welfare attorney, relatives, friends, advocates or IMCA,

together with the names of the persons contributing to the decision should be recorded on the form. Should someone come into our services with a DNA CPR form it must be an original document, fully completed, signed and dated by a medical professional. **PLEASE NOTE A PHOTOCOPY IS NOT ACCEPTABLE.**

The responsible clinician must involve the patient and/or their family in the decision, and should explain the meaning of a DNA CPR order. If any social or health care professionals have any reasons to question a previous DNA CPR decision, it is their responsibility to raise it with the responsible clinician so that a review of the decision can be triggered.

1.3 What is a DNA CPR form used for?

A DNA CPR order applies solely to the treatment of cardio-pulmonary resuscitation in a cardiac or respiratory arrest. Other forms of treatment are not precluded and must not be influenced by a DNA CPR decision.

1.4 Where should the DNA CPR form be kept?

The DNA CPR form must be kept in the front of the resident's care and support plan at the care home.

1.5 Reviewing a DNA CPR decision

Although the law does not prescribe the frequency with which reviews should be undertaken, it is good practice for such orders to be reviewed regularly. The patient's doctor will make the decision as to whether resuscitation should be reviewed in the light of changes in the patient's condition, treatment and wishes. In particular, a review should be undertaken before any anaesthetic or procedure where there is a risk of cardio-respiratory arrest, and must be undertaken whenever the patient moves from one setting to another (e.g. between home, acute hospital, community hospital, hospice, nursing home etc). However, reviews need not be undertaken if the patient's condition, treatment and wishes do not change. A fixed review date is not recommended.

DNA CPR forms need only be reviewed if it is indicated on the form. Reviews are only carried out if applicable.

In circumstances where the DNA CPR decision is no longer clinically applicable, the order needs to be cancelled.

If an arrest cannot be anticipated (i.e. is not expected), and the Advance Care and Support Plan does not include a valid and applicable Advance Decision to Refuse Treatment (ADRT) which includes refusal of CPR:

- In the event of an unexpected cardiac arrest, carry out basic CPR and call an ambulance (dial 999).

- When carrying out basic CPR whilst waiting for the ambulance to arrive, consider need to call the GP on duty to decide whether resuscitation should continue. A

verbal decision is not allowed, so the GP must attend the care home as soon as possible in order to formally document this decision. If the ambulance arrives in the meantime, make sure the paramedics are aware of this, as they may want to discuss the decision further with the GP.

- Make sure the family are called as soon as possible and are informed that their relative is unwell. Do not burden the family carers with a CPR decision at that time, unless an attending doctor or paramedic feels this should be done (if so, it may be better for them to speak to the relatives themselves). Remember the family cannot make the decision themselves, they can only suggest what they think the resident themselves would want in that situation.

- Someone with the authority of a Health and Welfare Lasting Power of Attorney registered with the Public Guardian, which specifically includes refusal of resuscitation, can make the decision on the patient's behalf. The responsible clinician will have to discuss and agree decision with the LPA.

- Continue to communicate progress to the family carers and continue to elicit any concerns. If the decision is made to stop CPR and not send the resident to hospital, the family should be told this as soon as possible.

Any health or social care professional can initiate discussion with the patient and carers (where appropriate) regarding the possibility of making a DNA CPR decision.

Monitoring

2. Required outcomes

A DNA CPR form (see appendix 1) must be fully completed, signed by the responsible clinician in charge of the patient's care, and dated. The form will be placed on the resident's care and support plan at the care home.

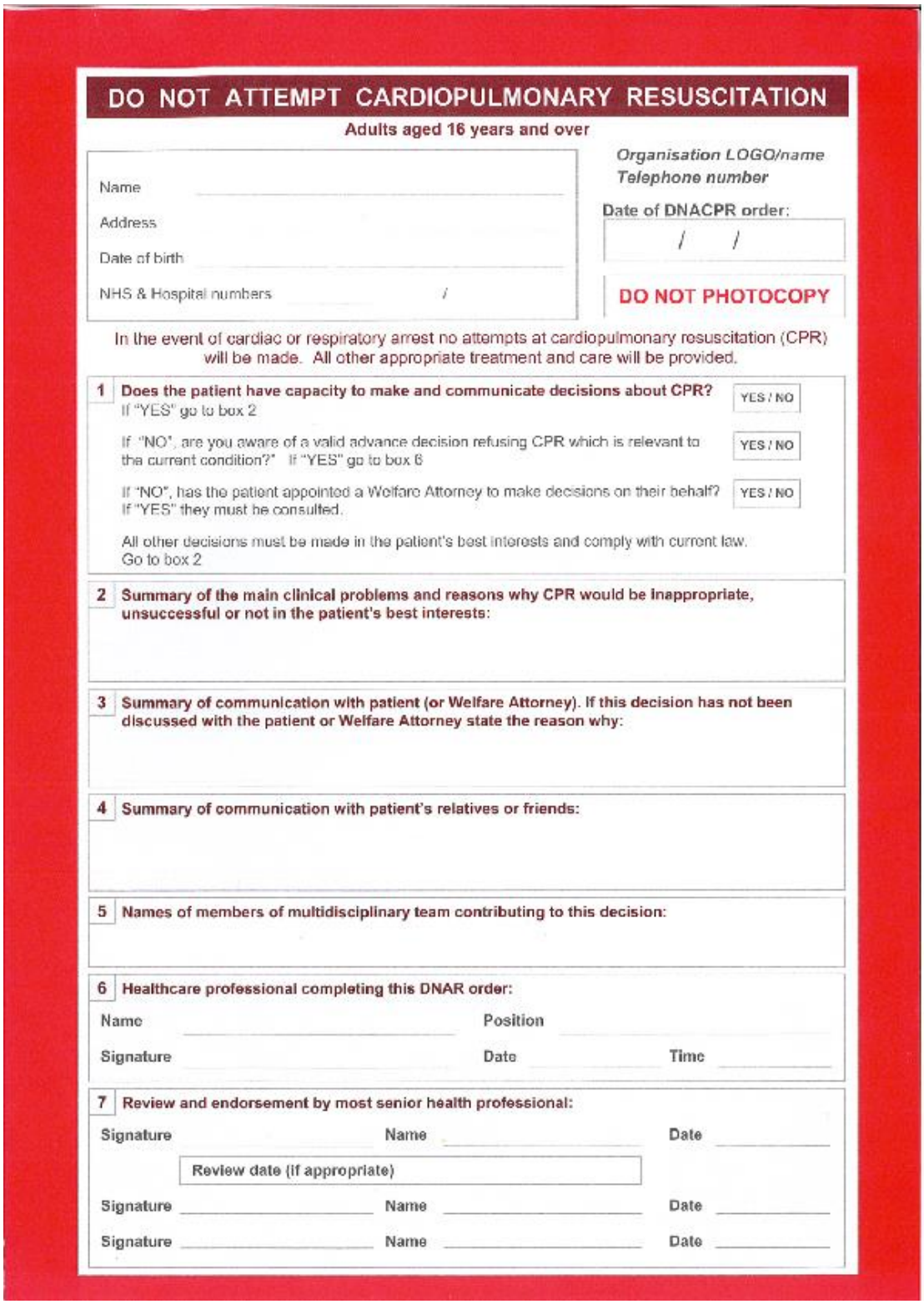
3. Review of outcomes

The Social Care Directorate policy team will review the practice guidance, liaising with LD/MH and OPPD services.

4. Review of policy

This Policy will be reviewed 24 months from publication

Appendix 1



DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

Name

Address

Date of birth

NHS & Hospital numbers /

Organisation LOGO/name
Telephone number

Date of DNACPR order:
/ /

DO NOT PHOTOCOPY

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

1 **Does the patient have capacity to make and communicate decisions about CPR?** YES / NO
If "YES" go to box 2

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" If "YES" go to box 6 YES / NO

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. YES / NO

All other decisions must be made in the patient's best interests and comply with current law.
Go to box 2

2 **Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:**

3 **Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:**

4 **Summary of communication with patient's relatives or friends:**

5 **Names of members of multidisciplinary team contributing to this decision:**

6 **Healthcare professional completing this DNAR order:**

Name Position

Signature Date Time

7 **Review and endorsement by most senior health professional:**

Signature Name Date

Review date (if appropriate)

Signature Name Date

Signature Name Date