

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

NIC STACEY
RESUSCITATION OFFICER

nicola.stacey8@nhs.net

1

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION	
Adults aged 16 years and over	
Name	Date of DNAR order:
Address	/ /
Date of birth	
NHS or hospital number	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	
If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted.	
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
Signature	Review date (if appropriate)
	Date
Signature	Name
	Date

2

The Decision

- ❖ It is a medical /clinical decision.
- ❖ Made on the probability that CPR would not be successful given the patients current medical condition.
- ❖ Patients and relatives do not have the right to demand treatment.
- ❖ Appropriate decision to treat.
- ❖ Only applies to chest compressions.

3

Reasons for not resuscitating

Appropriate

End stage renal failure
Heart Failure
Terminal cancer
Patient's choice
Multitude of co-morbidities

Inappropriate

Old age
Disabled
LD
Family's choice
Depression

4

The Decision. cont

- ❖ Must be no delay.
- ❖ Difficulties in speaking to relatives is not a reason to delay the decision process.
- ❖ Best interests of the patient decision.
- ❖ Documentation must be thorough and transparent.

5

The reality of Resuscitation

- ❖ Brutal and aggressive process
- ❖ Chest compressions
- ❖ Patient stripped bare on the torso
- ❖ If the rhythm is shockable – high voltage electricity will be passed through the body
- ❖ Surrounded by many people who the patient doesn't know.
- ❖ Undignified and invasive.

6

Is it an appropriate treatment?

- ❖ Inappropriate resuscitation attempt is assault and infringes the patients right to a dignified death.
- ❖ Balance benefits against harm.
- ❖ The Human Rights Act 1998 guarantees protection for life but also declares that “no one shall be subjected to torture or to inhuman or degrading treatment or punishment”.

7

The Conversation

- ❖ It cannot be denied that the conversation is difficult.
- ❖ Patients and their relatives may potentially be distressed by the conversation.
- ❖ Staff also find these conversations difficult.

8

How should we have it?

- ❖ Allow enough time.
- ❖ The patient and their relatives may need time to digest this information.
- ❖ However DNACPR decision and relevant paperwork should not be delayed to allow for this.
- ❖ If it is not held well there can be misunderstanding, distress, dissatisfaction, complaint and litigation.

9

Exceptions to the rule

- ❖ A patient who has a DNACPR may have a cardiac arrest as a result from a readily reversible cause such as choking.
- ❖ CPR would in this case be appropriate while the reversible cause is treated.
- ❖ Clear and honest conversations with the patient must take place about how their condition is likely to develop.

10

The patient's decision

- ❖ The patient themselves may request that they are not resuscitated.
- ❖ Adults with capacity have the right to refuse treatment.
- ❖ Case of patient admitted to hospital for surgery
- ❖ Patients are not obliged to justify their decisions.
- ❖ Assurance must be obtained that the patients decision is based on accurate information.

11

Contacting family members

- ❖ Ask the patient if they want their family to know about the decision.
- ❖ If it is not possible to immediately speak to the patient's family the decision should not be delayed.
- ❖ 1. Record fully the reasons for not explaining the decision to the family.
- ❖ 2. Ensure they are informed at the earliest opportunity.

12

The issue of capacity

- ❖ Capacity must be assessed by those trained to do so.
- ❖ Where there is no appointed welfare attorney, welfare guardian or deputy or an advanced decision the decision must be made by the most senior clinician.
- ❖ Relatives views will be taken into account in decision making however they cannot insist on treatment or the withdrawal of treatment.

13

Review

- ❖ Should be regularly reviewed if the patients condition has potential to change.
- ❖ A review is not necessary if the patient's condition is not going to change.
- ❖ Frequency of the review must be determined by senior clinician.
- ❖ Review can occur before set date if the patients condition suddenly changes.

14

Oxleas DNACPR policy

- ❖ A patient transferred to us with a DNACPR in place must have it reviewed with 72 hours.
- ❖ If the patient arrests in that 72 hours then the patient is NOT for resus.
- ❖ Clinician can reverse the decision that the patient arrives with and the patient will be for resus whilst a patient of Oxleas.
- ❖ If clinicians agree that the patient should be NOT for resus they must complete a new form.

15

Transfer of patient

- ❖ If an Oxleas patient with a DNACPR in place is transferred out then
- ❖ 1. Their resuscitation status must be clearly communicated to the transport service.
- ❖ 2. Hard copy of the order must go with the patient.
- ❖ 3. Patient will remain NOT for resus during the transfer.

16

QUIZ

1. What does DNACPR stand for?
2. Two appropriate reasons for writing a DNACPR order
3. Two inappropriate reasons for writing a DNACPR order.
4. Who has the initial conversation with the patient and completes the paperwork?
5. Can a patient with capacity choose to have a DNACPR written?

17

Answers

1. Do Not Attempt Cardiopulmonary Resuscitation
2. End stage renal failure, Heart Failure Terminal Cancer, Patient's choice, Multitude of Co-morbidities
3. Old age, Disabled, LD, Family choice, Depression.
4. Medic / Doctor
5. Yes

18

Further Reading

❖ Decisions Relating To Cardiopulmonary Resuscitation

- ❖ BMA
- ❖ Resuscitation Council UK
- ❖ Royal College of Nursing

19

ANY

QUESTIONS?

20
