

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, a regional unified **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)** form, policy and patient information leaflet for use in all care settings has been developed. **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
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>Any DNACPR decision does not mean "Do Not Treat". This should not affect other aspects of care and treatment should continue to be given; for example treatment of life threatening anaphylaxis, choking, infection, nutrition or hydration.</p>
If there is a DNACPR form is it ever right to initiate CPR?	There is always a clinical judgment 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.
Are all care providers adopting the new unified policy?	Not all care providers in Cheshire & Merseyside have adopted the unified policy and form and those with a policy currently in place are committed to using the new unified 'Do not attempt Cardio-Pulmonary Resuscitation (uDNACPR) form. The form is transferrable between settings, including during transport.

<p>How do I know that the person who signs the form is authorised to do so?</p>	<p>GPs in Primary Care and senior doctors and Consultants in Acute or Hospice settings can sign the form. Section 7.6 Consultants/ General Practitioners/Doctors making DNACPR decisions must:</p> <ul style="list-style-type: none"> • be competent to make the decision • verify any decision made by a delegated professional at the earliest opportunity • ensure the decision is documented (See 8.6) • involve the individual, following best practice guidelines when making a decision, (See 8.5) and, if appropriate, involve relevant others in the discussion • communicate the decision to other health and social care providers • review the decision if necessary
<p>Have care homes adopted the new policy and form?</p>	<p>Yes each locality has supported the dissemination of information into their care home sector. The care home settings have adopted the form and have/will be receiving support in the form of information and an education package delivered locally.</p>
<p>Do relatives of the patient have to be told about the DNACPR decision?</p>	<p>The regional DNACPR process is based on good communication practice and DNACPR decisions should be discussed with relatives where appropriate provided the patient has given consent.</p>
<p>How long is the form valid for, when should it be reviewed and should it be reviewed?</p>	<p>This decision will be regarded as ongoing unless:</p> <ul style="list-style-type: none"> • A definite review date is specified • There are improvements in the person's condition • Their expressed wishes change where a 1b & 1c decision is concerned. <p>All DNACPR decisions are subject to ongoing monitoring to ensure they remain appropriate; it is recommended that a review date be considered and entered on the DNACPR form if appropriate. It is important to note that a review date does not equate to an expiry date for ongoing decisions and remains clinically appropriate and valid.</p>
<p>If there is a review date and it has passed are the forms invalid?</p>	<p>It is still valid. See section of policy 2.11 It is important to note that a review date does not equate to an expiry date for ongoing decisions and remains clinically appropriate and valid. All reviews should be documented in the patient's records. Reassessing the decision regularly does not mean burdening the patient and their family with repeated decisions, but it does require staff to be sensitive in picking up any change of views during discussions with the patient or their family.</p>
<p>Can the patient change their minds about a DNACPR decision?</p>	<p>They can revoke an Advance Decision to Refuse Treatment (ADRT) but this does not mean that CPR would necessarily be appropriate for that patient and decisions would be made by the doctor on the basis of the patient's medical condition. DNACPR is a medical decision and a patient cannot demand clinically inappropriate treatment.</p>
<p>Who can make a DNACPR decision?</p>	<p>Each area has their own criteria for who has responsibility for making the DNACPR decision. Most have restricted this to Consultants, senior doctors and GPs.</p>

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.
Can the DNACPR form ever be photocopied?	The lilac copy of the form is the only valid copy held by the patient. Any other copies are for audit and medical records. These can be photocopied but must be scored through and "COPY" written across A photocopy cannot be used as a valid form, only the lilac copy .
How many copies of the form should there be?	The form is completed in triplicate. The lilac copy is retained by the patient and is the only valid copy; one white copy should be kept for audit and the 2 nd white copy should be retained in the patients' notes. NB: the newer version of the form has a lilac band down the right margin of the white audit copy to ensure this is easily identifiable. If the form is printed electronically the valid patient copy should be printed on lilac paper with the 2 copies for audit and case notes printed on white paper.
What if the form is lost?	An entirely new form should be completed by the patients' doctor.
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. This may involve calling 999 or putting out an arrest call in hospital to summon rapid medical assistance if that is appropriate. The decision not to attempt the procedure of cardio-pulmonary 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 e.g. respiratory arrest
How can you ensure the ambulance service is informed of the right person having a DNACPR form?	It is the responsibility of the person completing the DNACPR form to ensure that the ambulance service is aware of the DNACPR decision by notifying North West Ambulance Service (NWAS) using the web based Electronic Referral & Information Sharing IT System (ERISS) or Electronic Palliative Care Coordination System (EPaCCs), whichever is available and in use. It is the individual's responsibility to know what guidance is in place in your organisation for the information sharing process.
What is ERISS?	ERISS is the North West Ambulance Service's Electronic Referral & Information Sharing IT System that will inform NWAS if a patient at an address has an order in place. It is a web based system and can be registered with and logged into by individuals (much like internet banking). Once a registration is set up an individual can enter patient details to the system, which in turn will flag up on the NWAS system when an ambulance is called to that address. www.eriss.nhs.uk
How will patients be flagged up if they have a current	If the patient is taken to A&E via ambulance the paramedics will know, via the Electronic Referral and Information System (ERISS), which will flag up a patient at that address.

<p>DNACPR order when they come into A&E, for example?</p>	<p>The paramedic should be able to access the form at the address and will inform the staff on arrival at A&E that the patient has a DNACPR in place.</p> <p>It is the responsibility of the patient and/or carers to have the lilac form in an accessible location and this should be discussed with them so they are aware of their responsibility.</p> <p>If the patient presents themselves at A&E it is the patient and/or carers responsibility to take the form with the patient and present to the A&E staff.</p>
<p>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 on a tear off slip that can be kept in an easily accessible place.</p>
<p>If the patient has an old form and a new form is completed, what happens to the old form?</p>	<p>Cross the old form with 2 diagonal lines and write clearly between the lines 'Transferred to new documentation' once the new form is complete.</p>
<p>What happens if the consultant / GP refuses to write these forms even if they agree resuscitation would be futile / inappropriate?</p>	<p>If the patient is asking for this decision and is competent to make the decision their wishes should be respected. If it is refused, they are within their rights to seek a second opinion; the patient can ask for a second opinion to be sought from another consultant / GP.</p>
<p>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.</p> <p>This may be done electronically, verbally, by discharge letter or by safe fax.</p> <p>It is the patient's responsibility to tell other family members, friends and carers. However, it is good practice to discuss the decision with family members and this should be encouraged.</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>Who is going to pick this up on referral out, especially into community - will GPs do this?</p>	<p>Within the policy it states that: 8.8.4 Current discharge letters must include information regarding this decision. If the DNACPR decision has a review date it is mandatory that the discharging doctor speaks to the GP to inform them of the need for a review. This should be followed up with a discharge letter.</p>
<p>In the future will nurses be trained to write a DNACPR decision?</p>	<p>In some areas some specialist nurses have training in making DNACPR decisions but this does not happen in every area.</p>

<p>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, ensure their hearing aids are working, someone who signs, if necessary, and their relevant others. The patient information leaflet is an adjunct to the discussions.</p>
<p>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>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>What about people with mental and learning disabilities? Who completes the form then?</p>	<p>All DNA CPR decisions should be underpinned by the Mental Capacity Act. The form should be completed by the decision maker identified within the policy.</p>
<p>When do I start using the new lilac unified DNACPR form?</p>	<p>The new policy and form will be implemented on the agreed date within each area and you will need to use the form from this date onwards.</p>
<p>What should I do with my supply of old and unused DNACPR forms?</p>	<p>Any old forms were not recognized outside of the patient's current setting and therefore would not have been valid as a unified form. The value of a unified form is that it will be recognized by the paramedics. Any old forms should be shredded or put in confidential waste bins.</p>
<p>I've run out of patient leaflets, do I need them?</p>	<p>Yes. It is important that the patient has information around the DNACPR decision in case they wish to refer to this after the discussion. It is also helpful for them to share with family and friends should they wish.</p> <p>If you run out of hard copies of the leaflet, you can print a copy, although this should rarely occur as there is one patient leaflet per form in the packs supplied or purchased. The leaflet may only need to be printed if you are printing your forms electronically.</p> <p><i>Organisations to insert their own process for producing the leaflets in braille, audio, languages</i></p>
<p>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 contained within the education toolkit appendix G.</p>
<p>What if an error is made during completion of the form?</p>	<p>If it is a small error a single line cross out with signed and dated acknowledgement is sufficient.</p>

	If the form needs to be rewritten, 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.
Who can I contact if I have a query?	If you have a query regarding the policy or form you can contact your local lead or Resus Officer.
Are there any plans for public awareness campaign?	For Cheshire and Merseyside this was discussed and a decision made by CCGs not to hold a formal media event as in some cases policies were already in place and this was an update to their current policy. Some organisations have decided to make the policy available to the public on individual websites.
Has the video package happened yet re training?	No
Is there another Steering Group meeting planned?	Review planned for April 2015
If we have unused forms should we destroy these or can we use them?	The lilac forms have been updated in September 2014. Continue to use old forms until new forms are available.
Can we still fax forms to NWAS to update them?	NWAS have requested we promote the use of ERISS as the preferred information sharing system.