SUPPORTING DNACPR
INFORMATION FOR COMMUNITY &
PRIMARY CARE

end of life PARTNERSHIP

KEY POINTS relating to DNACPR DECISIONS

DNAR considerations:

Where no explicit decision has been made in advance, there should be an initial presumption in favour of CPR.

The primary responsibility in the community concerning the making and recording of DNACPR decisions lies with the GP who has medical responsibility of the patient at the time.

Decisions about CPR must be made on the basis of an individual assessment of each patient's case.

A DNACPR decision should be considered for all patients on GP GSF registers or who have a palliative diagnosis.

If the individual has an irreversible condition where death is the likely outcome, he/she should be allowed to die a natural death and it may therefore not always be appropriate to discuss DNACPR and burden the individual with this information.

If CPR would not re-start the heart and breathing (ie: patient clearly died a length of time before being discovered), CPR should not be attempted.

DNACPR decisions apply only to CPR and not to any other aspects of treatment nor does it override clinical judgement if there is an immediately reversible cause of the patient's respiratory or cardiac arrest (ie: as a result of choking or anaphylaxis). This is unless the patient has a valid and applicable ADRT to state otherwise.

Communication Considerations:

It is not necessary to initiate DNACPR discussions/decisions unless the patient is felt to be at risk of a cardio-respiratory arrest (or should choose to discuss).

For those who it is felt are likely at risk of cardio-respiratory arrest and for whom resuscitation may be successful, where it is felt the expected benefits of CPR may be outweighed by the burdens, the patient's informed views are paramount. Where the patient lacks capacity, those close to the patient should be involved in discussions to explore the patient's wishes, feelings and values that can help inform the medical decision. If there is no one (other than paid carers)to involve then an **Independent Mental Capacity Advocate** (IMCA) should be consulted.

Mental Capacity Considerations:

If a patient with capacity refuses CPR in advance, or a patient lacking capacity has a valid and applicable Advance Decision to Refuse Treatment (ADRT) refusing CPR, this should be respected.
If a patient without capacity has appointed a Lasting Power of Attorney (LPA) for Health and Welfare they may legally make the decision in favour of DNACPR, but cannot insist on CPR.

Documentation you may see a DNACPR decision in:

Patient held unified Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Decision form (lilac)
In the Patient's DN nursing notes (if they are involved)
It is a legal requirement that this is recorded in the patient's medical notes at the GP Practice.
If an End of Life Care Plan is in place then a DNACPR form is still required
A DNACPR order form completed in the community is acceptable within the hospital setting providing they see the original lilac copy

If a care plan for end of life is in place, this represents a DNACPR decision; therefore a separate DNACPR form is not required.