







## How to complete the DNACPR form

NGV2031 Updated 05/19				Endorsed by:  
<b>DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION</b>				
<b>Name</b>				
<b>Date of Birth</b>		<b>Home Address or Addressograph</b>		
<b>NHS Number</b>				
<b>Registered GP</b>				
<b>Ward or Department where decision made</b>				
<b>Capacity</b>	The patient has capacity to give informed consent <input type="checkbox"/> No (Use assessment below) <input type="checkbox"/> Yes			
Where there is lack of capacity please indicate process.  If patient has capacity, proceed to "Decision."	2-stage test: Diagnosis impacting on the mind or brain – Record assessment that the patient cannot understand, retain, weigh up or communicate information in order to make an informed choice -			
	Indicate which relevant other person(s) have been involved in the decision-making process (LPA (Health and welfare); relatives or friends; IMCA.)			
	Document your MCA Best Interest process and decision in the medical notes.			
<b>Decision</b>	<b>Reason why CPR would be inappropriate</b>			
Indicate diagnosis, stage of condition, relevant co-morbidities and / or other reasons	<input type="checkbox"/> There is no realistic possibility of CPR succeeding* due to: *Where CPR has no realistic possibility of success, DNACPR is a unilateral medical decision.			
	<input type="checkbox"/> The patient does not consent to cardiopulmonary resuscitation (CPR)			
	<input type="checkbox"/> CPR is not in accord with a valid Advance Decision to Refuse Treatment (ADRT)			
	<input type="checkbox"/> The patient's condition indicates CPR may have an unknown outcome for the following reason(s), and after discussion, DNACPR has been agreed as appropriate			
<b>Communication</b>	DNACPR has been discussed with the patient <input type="checkbox"/> No <input type="checkbox"/> Yes			
Enter the name and relationship of the person or reason for no discussion	<input type="checkbox"/> DNACPR not discussed because the patient lacks capacity <input type="checkbox"/> DNACPR not discussed because this might result in physical or psychological harm			
	DNACPR has been discussed with a relevant other person <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Details:			
<b>Review</b>	<input type="checkbox"/> DNACPR applies across all care settings and no review is necessary (End of Life) <input type="checkbox"/> DNACPR decision for review - according to the following indication:			
<b>Signatory</b>	<b>Name and grade of doctor completing DNACPR form (ST3 or above)</b>		<b>Consultant endorsement (within 24hours)</b>	
<b>Name and role</b>				
<b>Signature</b>	Must be signed to be valid			
<b>Date</b>				
<b>Top copy: Patient copy on discharge (if appropriate)</b>				

**A simple, step by step approach to ensuring the DNACPR form has been completed properly.**

There are 3 copies of the DNACPR form: 2 red and 1 grey. Make sure the thick cardboard sheet has been inserted underneath the grey copy before you begin.

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Updated  
05/19

Kettering General Hospital  
NHS Foundation Trust

Northamptonshire Healthcare  
NHS Foundation Trust

Northampton General Hospital  
NHS Trust

Endorsed by:  
NHS  
Cumbria  
Oxford Health NHS Foundation Trust

NHS  
Hampshire  
Oxford Health NHS Foundation Trust

**DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION**

Name		
Date of Birth		Home Address or Addressograph
NHS Number		
Registered GP		
Department where		

**Capacity**

The patient is unable to give the informed consent (see instructions below)  Yes  No

Where there is lack of capacity please indicate process.

2-stage test:  
Diagnosis Impacting on the mind or brain –  
Record assessment that the patient cannot understand, retain, weigh up or communicate information in order to make an informed choice -

If patient has capacity, proceed to "Decision."

Indicate which relevant other person(s) have been involved in the decision-making process (LPA (Health and welfare); relatives or friends; IMCA.)

Document your MCA Best Interest process and decision in the medical notes.

**Decision**

Reason why CPR would be inappropriate

There is no realistic possibility of CPR succeeding\* due to:  
\*Where CPR has no realistic possibility of success, DNACPR is a unilateral medical decision.

The patient does not consent to cardiopulmonary resuscitation (CPR)

This first box is relatively self-explanatory. Ensure all the patient's details have been entered and the ward or department where the patient is currently being cared for has been completed. It's ok to use an addressograph label, just make sure that you stick one on all 3 copies.

Date of Birth		Home Address or Addressograph
NHS Number		
Registered GP		
Ward or Department where		

<b>Capacity</b>	<p>The patient has capacity to give informed consent <input type="checkbox"/> No (Use assessment below) <input type="checkbox"/> Yes</p> <p>2-stage test:          Diagnosis impacting on the mind or brain –          Record assessment that the patient cannot <b>understand, retain, weigh up or communicate</b> information in order to make an informed choice -</p> <p>Indicate which relevant other person(s) have been involved in the decision-making process (LPA (Health and welfare); relatives or friends; IMCA.)</p> <p>Document your MCA Best Interest process and decision in the medical notes.</p>
Where there is lack of capacity please indicate process.	
If patient has capacity, proceed to "Decision."	
Reason why CPR would be inappropriate	<input type="checkbox"/> There is no realistic possibility of CPR succeeding* due to: *Where CPR has no realistic possibility of success, DNACPR is a unilateral medical decision.

The second box relates to capacity. Please ensure you are familiar with the principles of the Mental Capacity Act 2005. If your patient has capacity to be involved in the resuscitation discussion, tick the **Yes** box and move on.

If you don't believe the patient has capacity, you **must** demonstrate your assessment why this is the case. Tick the **No** box and document your 2-stage test.

- 1) Where it states "Diagnosis impacting on the mind or brain" please write what this is, eg: severe dementia, stroke or unconscious.
- 2) "Record assessment that the patient cannot **understand, retain, weigh up or communicate** information..." A sentence is enough, eg: "The pt is acutely confused and is unable to understand info."
 

The patient only needs to be unable to do one of the 4 elements to be deemed to lack capacity, although they may well lack more than one.

If any other person has been involved with the decision-making process (relative, friend, LPA, IMCA) please write their name in this box. This involvement will have been via telephone.

<p>If patient has capacity, proceed to "Decision."</p>	<p>(LPA (Health and welfare); relatives or friends; IMCA.)</p> <p>Document your MCA Best Interest process and decision in the medical notes</p>
<p><b>Decision</b></p> <p>Indicate diagnosis, stage of condition, relevant co-morbidities and / or other reasons</p>	<p><b>Reason why CPR would be inappropriate</b></p> <p><input type="checkbox"/> There is no realistic possibility of CPR succeeding* due to: *Where CPR has no realistic possibility of success, DNACPR is a unilateral medical decision.</p> <p><input type="checkbox"/> The patient does not consent to cardiopulmonary resuscitation (CPR)</p> <p><input type="checkbox"/> CPR is not in accord with a valid Advance Decision to Refuse Treatment (ADRT)</p> <p><input type="checkbox"/> The patient's condition indicates CPR may have an unknown outcome for the following reason(s), and after discussion, DNACPR has been agreed as appropriate</p>
<p><b>Communication</b></p> <p>Enter the name and</p>	<p>DNACPR has been discussed with the patient <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> DNACPR not discussed because the patient lacks capacity</p> <p><input type="checkbox"/> DNACPR not discussed because this might result in physical or psychological harm</p>

This box is easy to complete if the patient does not want CPR (tick box 2) or if they have an advance directive which states they do not want CPR (tick box 3). If you tick the first or last box, please write **why** CPR will not/is unlikely to work eg: "Severe COVID-19 pneumonia on a background of frailty, stage 3 chronic kidney disease and ischaemic heart disease."

Please list the co-morbidities rather than writing "multiple co-morbidities."

<p><b>Communication</b></p> <p>Enter the name and relationship of the person or reason for no discussion</p>	<p>DNACPR has been discussed with the patient <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> DNACPR not discussed because the patient lacks capacity</p> <p><input type="checkbox"/> DNACPR not discussed because this might result in physical or psychological harm</p> <p>DNACPR has been discussed with a relevant other person <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Details:</p> <p><b>Review</b></p> <p><input type="checkbox"/> DNACPR applies across all care settings and no review is necessary (End of Life)</p>
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Hopefully the Communication box is self-explanatory. If you tick the box which states that you have not discussed because the patient lacks capacity, please ensure you have complete the MCA in the second box above. Please note the name(s) and relationship(s) of relevant people with whom you have discussed this decision.

If the patient lacks capacity, you must ensure that you have discussed the DNACPR decision with their next of kin, although this should not delay the form being completed.

person or reason for no discussion

DNACPR has been discussed with a relevant other person  No  Yes

**Review**

DNACPR applies across all care settings and no review is necessary (End of Life)

DNACPR decision for review - according to the following indication:

**Signatory**

Name and role	Name and grade of doctor completing DNACPR form (ST3 or above)	Consultant endorsement (within 24 hours)
Signature		

Tick the second box “DNACPR decision for review” and write “at the discretion of a senior clinician.”

**Review**

DNACPR applies across all care settings and no review is necessary (End of Life)

DNACPR decision for review - according to the following indication:

**Signatory**

Name and role	Name and grade of doctor completing DNACPR form (ST3 or above)	Consultant endorsement (within 24hours)
Signature	Must be signed to be valid	
Date		

Sign the grey box! Ignore that the form states “ST3 and above”. Print your name, grade and GMC number. Don’t forget to date it.

The completed red copies of the DNACPR form must be filed in the front of the patient’s notes.

Ensure that the nurse responsible for the patient is aware the DNACPR form has been completed.