

Guidance on completion of the red and grey DNACPR forms

- The patient's full name, date of birth and address should be written clearly in black ball point ink.
- The date of writing the order should be entered.
- This order will be regarded as "INDEFINITE" unless it is clearly cancelled or a definite review date is specified.
- The order should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare institution to another, admitted from home or discharged home.
- If the decision is cancelled the form should be crossed through with two diagonal lines in black ball-point ink and "CANCELLED" written clearly between them, signed and dated by the healthcare professional cancelling the order.

Guidance for completing sections 1 to 7

- 1. Capacity / advance decisions** Record the assessment of capacity in the clinical notes. Ensure that any advance decision is valid for the patient's current circumstances.
16 and 17-year-olds: Whilst 16 and 17-year-olds with capacity are treated as adults for the purposes of consent, parental responsibility will continue until they reach age 18. Legal advice should be sought in the event of disagreements on this issue between a young person of 16 or 17 and those holding parental responsibility.
- 2. Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests** Be as specific as possible.
- 3. Summary of communication with patient** State clearly what was discussed and agreed. If this decision was not discussed with the patient, state the reason why this was inappropriate. It is not essential to discuss CPR with every patient. If a patient is in the final stages of a terminal illness and discussion would cause distress without any likelihood of benefit this situation should be recorded.
- 4. Summary of communication with patient's relatives or friends** If the patient does not have capacity their relatives or friends must be consulted and may be able to help by indicating what the patient would decide if able to do so. If the patient has made a Lasting Power of Attorney, appointing a Welfare Attorney to make decisions on their behalf, that person must be consulted. A Welfare Attorney may be able to refuse life-sustaining treatment on behalf of the patient if this power is included in the original Lasting Power of Attorney.

If the patient has capacity ensure that discussion with others does not breach confidentiality. State the names and relationships of relatives or friends or other representatives with whom this decision has been discussed. More detailed description of such discussion should be recorded in the clinical notes where appropriate.

- 5. Members of multidisciplinary team** State names and positions. Ensure that the DNACPR order has been communicated to all relevant members of the healthcare team.
- 6. Healthcare professional completing this DNACPR order** This should be the most senior healthcare professional immediately available, and in the acute trust a doctor of Registrar or above.

NB Section 6 is not required to be completed if the form is written by a senior health professional who completes box 7. A senior professional may be an experienced senior nurse who has undergone appropriate training.

- 7. Completion / Review / endorsement** The decision must be endorsed by the most senior healthcare professional responsible for the patient's care at the earliest opportunity – in the acute trust within 24 hours. Further endorsement should be signed whenever the decision is reviewed. A fixed review date is not recommended. Review should occur whenever circumstances change.

See overleaf for guidance on use and distribution of the forms

Guidance on use and distribution of the red and grey DNACPR forms

Red form The DNACPR form has a red border to distinguish it from the grey decision record document. It is recognised by all healthcare providers, including the ambulance trust, across the South East Coast NHS region.

The red form is the “active” form – the one a ward team or ambulance crew will seek to know a valid DNACPR order is in place. It is to be considered the patient’s property and is to go with the patient from one care setting to another. It does not constitute part of the care record.

When in hospital, hospice or care home the completed red form should be placed in the front of the patient care record.

When at home the red form may be stored using the green Message In A Bottle system which is recognised and used by the ambulance trust. Supplies of green bottles may be obtained from palliative care teams or GPs.

Grey form The grey Decision Record is part of the care record and should remain in the notes of the originator.

Communicating the decision using the grey form To communicate the DNACPR decision to other healthcare professionals in a timely manner the grey Decision Record can be faxed (or sent electronically) to healthcare professionals involved in the patient’s care, including the ambulance service, GP, hospital, hospice, district nurse, Out Of Hours services etc. The grey Decision Record can be copied if this is needed.

Discharging the patient On transfer from one care setting to another the active red DNACPR form should travel with the patient, and the grey DNACPR Decision Record should remain in the originator’s notes. Forms completed in hospital or hospices should be reviewed before the patient is discharged to the community.

Review of DNACPR decisions In the vast majority of cases when a clinician signs a DNACPR form they would be doing so in the expectation that the decision would remain valid until death occurs due to the patient’s poor health status. However where the clinical circumstances and patient’s condition may change the decision about CPR will need to be reviewed. The responsible clinician, depending on the general health status of the patient, will determine the future review date and enter this on the DNACPR form. They will need to make appropriate arrangements for this review to take place.

If new information is found by any member of the health care team that may bring into question a previous DNACPR decision, it is their responsibility to raise it with the senior clinician so that a review of the decision can be triggered.

Cancelling DNACPR decisions – the red form In circumstances where the DNACPR decision is no longer clinically applicable and therefore needs to be cancelled, the red DNACPR form should be removed from the patient’s record or home, crossed through with two lines and highlighted with the instruction “This order is cancelled”, signed, dated and filed normally. A suitable entry must also be made in the patient’s record.

Cancelling DNACPR decisions – the grey decision record form Where available the grey Decision Record should be crossed through, signed and dated. The change in situation should be communicated to other agencies involved in the patient’s care that received the original notification. This process needs to include all those who have received a copy of the original grey form and may be done by faxing a copy of the cancelled form to those concerned.