

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over THIS FORM IS TO BE RETAINED BY THE PATIENT

Name _____
Address _____
Date of birth _____
NHS & Hospital numbers _____ / _____

Date of DNACPR order:

/ /

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) should be made for this person. 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 or 7 YES / NO

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. YES / NO

All 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:

Date: _____ Name and relationship to patient: _____

5 Names of members of multidisciplinary team contributing to this decision:

6 Healthcare professional completing this DNACPR order:
NB NOT required if this form is written by a senior health professional who completes box 7

Name	Position
Organisation	Organisation phone number
Date	Signature

7 Completion or review and endorsement by most senior health professional:

Name	Position
Organisation	Organisation phone number
Date	Signature

Review date (if appropriate) or state "No review date"

Reviewed and DNACPR order re-confirmed by (name)

Date _____ Signature _____

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION DECISION RECORD

Name _____
 Address _____
 Date of birth _____
 NHS & Hospital numbers _____ / _____

Date of DNACPR order:

/ /

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