**Do Not Attempt Cardiopulmonary Resuscitation [DNACPR] Key Messages for GPs**

**Do Not Attempt Cardiopulmonary Resuscitation [DNACPR]**

East of England regional DNACPR documentation has been rolled out to all sectors and care settings across the region to enable a DNACPR order once completed to follow the patient and be readily transferable and recognisable between care settings including Hospital Trusts, Community Trusts, GP Practices, Hospices and Care Homes.

**Why a regional DNACPR form?**

Patients with end of life care needs are now encouraged to develop advance care plans which include the consideration of a DNACPR order.

Senior Responsible Officers [SROs] are also encouraged to assess proactively each individual patient with end of life care needs [as appropriate] in relation to DNACPR. This planned approach aims to reduce inappropriate resuscitation attempts irrespective of where the cardiac arrest takes place.

If a patient requires resuscitation and has a DNACPR order in place immediate information sharing is vital. However at critical points in the patient pathway incompatible systems can lead to DNACPR orders not being followed through and an inappropriate resuscitation being attempted. This can lead to the patient having a painful and undignified death which is also distressing for their loved ones.

**Who can make a DNACPR decision?**

The decision to complete a DNACPR order is a medical decision and the form must be signed by the original Senior Responsible Officer [SRO]. The SRO is the most senior clinician usually the Consultant or GP in charge of the patient’s care at the time the DNACPR order is made. The patient’s signature [or that of their LPA if the patient lacks capacity] is NOT required however the reason for the DNACPR decision and record of discussion regarding the decision **must** be clearly recorded on the DNACPR form.

NB: The Court of Appeal in England ruled on 17th June 2014 that doctors now have a legal duty to consult with and inform patients if they want to place a Do Not Resuscitate (DNACPR) order on medical notes. The ruling states that there should be a presumption in favour of patient involvement and there need to be convincing reasons not to involve the patient. As a result of this ruling the British Medical Association [BMA] guidance has been reviewed and recommends that these decisions should not be made in isolation, but where appropriate, should involve the patient (or those close to the patient if s/he lacks capacity) and others involved in the clinical care of the patient and be clearly recorded on the DNACPR form. Teamwork and good communication are of paramount importance.

The DNACPR form, to be valid, must either state it is an indefinite order or in date [if date set for review] and contain the original Senior Responsible Officer [SRO] signature. The original patient copy signed DNACPR form must stay with the patient and follow the patient when they change care settings for the DNACPR order to remain active.

The patient’s GP Practice must notify the ambulance service as well as the out of hours service that a DNACPR order, once completed, is in place.

A DNACPR senior clinician competency training package has been developed nationally which will enable senior clinicians including senior nurses, on completion of this training, to have the option to take on full responsibility for DNACPR decision making. The decision to train senior nurses in this extended role will lie with their employing organisation.

**Which DNACPR forms can be accepted?**

The DNACPR form is available in a triplicate carbonated format or, for GPs, as a single page form to leave with the patient [as the record for clinical notes in GP Practices is held electronically and can be retrieved electronically for audit]. Further forms can either be ordered at cost or printed off for completion.

Ideally the regional DNACPR form should retain the red border. This is to allow it to be recognised easily at all times and located rapidly in a patient’s health record in case of the patient’s arrest.

Black and white photocopied regional DNACPR forms are acceptable and valid from a GP if fully endorsed with their original SRO signature and stated as indefinite or in date [if date set for review].

To reduce the likelihood of inappropriate resuscitation events taking place the completed original DNACPR form, which is retained by the patient, should be readily available for healthcare professionals including ambulance crews should the patient arrest.

Photocopies [of a colour or black and white photocopied DNACPR form with the original SRO signature] cannot be accepted by ambulance crews as the original form with the original signature may have changed or been reversed in the meantime. A photocopy of the original can only be made for audit purposes or to file in clinical records at the GP Practice and should be scored through and "COPY" written across it to ensure it is not mistaken for the valid original form which stays with the patient.

**Where can I access more DNACPR information and resources?**

DNACPR information and resources can be viewed or downloaded at: https://heeoe.hee.nhs.uk/palliative\_dnacpr

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