Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Forms

Yorkshire and the Humber regional form for adults and young people aged 16 and over

The following information on DNACPR forms is to help clinical staff with the care of patients at the end of their life.

Patients who are approaching the end of their life need high quality treatment and care that will support them to live as well as possible until they die, and to die with dignity.

Definition of DNACPR: If a patient's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

A DNACPR order should not affect other aspects of care or treatment, which are reversible and unanticipated, such as anaphylaxis, choking, infection, nutrition or hydration. All other care should be provided at all times.

Thorough DNACPR documentation is critical with end-of-life planning and will support families and carers when their loved-one dies as it will ensure they are kept informed.

A decision not to attempt resuscitation is about CPR only. CPR is a treatment that is used to try to restart the heart and breathing activity when a person's heart and breathing fail. All other treatment, if appropriate will be given, for example pain relief, antibiotics, drugs for symptom control and oxygen.

The chance of CPR reviving a patient depends upon:
- why the heart and breathing have stopped
- other illnesses or medical problems
- the overall condition of the heart and lungs.

The DNACPR decision gives patients the choice of a peaceful death.

The regional DNACPR process is based on good communication between all parties and DNACPR decisions should include discussions with patients, relatives or relevant others wherever possible.

Please ensure that:
- the patient has an advance care plan if appropriate and DNACPR form and that all professionals are informed
- the place of choice for death is identified in keeping with good planning practice
- Yorkshire Ambulance Service NHS Trust is made aware of the existence of a DNACPR decision when booking transport.

Further guidance can be found in Treatment and care towards the end of life: good practice in decision making, published by the General Medical Council 2010 and available at: www.gmc-uk.org

One form
One form is used across Yorkshire and the Humber which is transferable across all healthcare settings. The form has been updated and we are now working from Version 13 (pictured above).

Colour of border
Either a red or black border is acceptable.

Single or double-sided form?
Either a single or double-sided original form is acceptable. The second page of the form contains guidance.

Where should the form be kept?
It is agreed that the DNACPR form will be kept in a clearly marked envelope at the front of the patient’s nursing records or with the yellow emergency care plan or with their medical notes, and should follow the patient on transfer.

Review dates
Review dates may vary across the region according to local policy. The date of review can therefore range from four weeks to, in some cases, up to six months. In some instances the DNACPR decision form will be fully completed and signed but with no date of review included - in these cases the form is deemed as valid for an indefinite period. Forms with no review dates are valid indefinitely.

Is the form an original?
It is not necessary for staff presented with a DNACPR form to establish whether or not the document is an original as it is the responsibility of all healthcare professionals along the patient’s care pathway to ensure that only an original exists. In the event of the form being a photocopy, the signature should always be the original, legible and written in black ink.

Unexpected Child Deaths
If there is any doubt about whether a death is expected or unexpected, the processes for unexpected child deaths should be followed until the available evidence enables a different decision to be made as per JRCALC guidelines.

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