Quick Reference Guide

Issue date:

A Clinical Policy For
DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) FOR ADULTS IN WALES

SUMMARY DOCUMENT
Throughout the policy “DNACPR” refers solely to the provision of Cardio-pulmonary resuscitation and not to any other aspect of the individual’s care or treatment options.

CPR – Cardiopulmonary Resuscitation
CPR is a technique used to maintain body’s circulation and breathing. It is a process that usually means “pressing the chest” and providing ventilation to the lungs. In some cases “defibrillation” using electric shocks and the also injections of medication may be used.

DNACPR
This refers to a specific decision NOT to provide CPR in the event of a cardiac arrest. It must be made clear to all that a DNACPR decision does NOT impact on any other element of care.

Having the discussion and making a decision

For professionals - recognising when to consider DNACPR” may not always be straightforward. Quite often “seeing the possibility of” a cardiac arrest in light of the current illness forms its basis. In this circumstance actually knowing the wishes of the patient is very important. Also making DNACPR decisions before a patient becomes too unwell is very important. This requires the medical and nursing team to establish a bond of trust with patient and family.

If CPR Will Not Restart the Patient’s Heart or maintain breathing
If the clinical team is as clinically certain as it can be that attempting CPR would not re-establish effective circulation (and maintain breathing) then CPR need not be attempted. To provide CPR in such circumstances would justifiably not be in the patient’s interest. This is always an individual clinical decision that must be based on up to date knowledge of the patient’s condition.

If the potential “harmful effects” of CPR are greater than any potential benefits
Any potential of benefit from CPR must be balanced against any risk of harm. The patients recently expressed wishes are hence very important in such situations. If for example, a patient is in the final stages of an incurable illness and death is expected within a few days, CPR is unlikely to be successful and could prolong suffering. Best interest decisions in general are most easily made in those circumstances where there is a clinical consensus that benefit is very low or risk of harm from CPR likely to be very high (See joint statement).

In some circumstances, a natural death free from the “invasive” intervention of CPR may be in the patients’ best interests. It might be possible to reach a clinical position of a Natural Anticipated and Accepted Death (NAAD) with the patient.
A SCHEMATIC FRAMEWORK FOR DNACPR DECISION-MAKING

Question 1: IS THE CLINICAL CASE A TRIGGER* FOR A CPR DISCUSSION? (A CLEARLY POSSIBLE CARDIAC ARREST)?

Question 2: IS ATTEMPTING CPR LIKELY TO BE CLINICALLY BENEFICIAL?

Question 3: DOES THE PATIENT HAVE REQUISITE MENTAL CAPACITY OR IS THERE A LASTING POWER OF ATTORNEY FOR HEALTH AND WELFARE FOR THIS DECISION?

Question 4: CAN AN INFORMED DECISION TAKE PLACE?***

CPR

*Note for clinicians - For details related to each box you must consult the complete All Wales DNACPR Policy
Further key issues relating to the Decision

When DNACPR status is unknown:
Unless a valid DNACPR decision is in operation with either an All Wales DNACPR form completed or a valid Specific Advance Decision to Refuse Treatment (ADRT) exists - all patients must be presumed to be “For CPR”.

When a valid Advance Decision Refusing CPR exists:
If a valid Advance Decision to Refuse Treatment is in place (specifically relating to CPR) that was made when the patient had mental capacity and when the circumstance has arisen as envisaged (Mental Capacity Act 2005) then CPR should NOT be attempted.

Refusal of CPR by patients with capacity:
Any person with capacity can personally refuse CPR. If a patient with capacity refuses CPR (even when it may be of benefit), this wish (and the discussions related to this) must be carefully and clearly recorded at the front of the patient’s record.

Documenting & Communicating the Decision

Documentation of DNACPR decisions:
The All Wales DNACPR form is the agreed form for recording DNACPR decisions in Wales. All relevant sections of the form must contain entries. It relates only to DNACPR decisions and the original copy form a part of the medical record.

“Do Not Attempt Cardio Pulmonary Resuscitation” (DNACPR) forms must be correctly completed and contain up to date information. The form must be completed in legible handwriting and also signed and dated. Further details on copy’s and communication can be found within the All Wales policy.

Senior clinical responsibility for every DNACPR decision:
The senior clinician is responsible for overseeing DNACPR decisions. Agreed DNACPR decisions must be relayed to the senior clinician in charge of the patients care (usually the patients GP in the community or a consultant caring for patient). They should be informed that an All Wales DNACPR form has been completed. If this clinician is not physically present at the time of the discussion and decision then it must be clearly recorded on the form that they have been informed. This should take place as soon as possible after the discussion.

Communication of a DNACPR decision:
Correct communication of a DNACPR decision is vital – that must follow guidance within the All Wales policy.
Routine review of a DNACPR decision

Following a “DNACPR review” a further DNACPR form is needed if the circumstances have changed. The next review date is agreed and recorded (top right of form). A DNACPR review should always take place if requested by the patient. A review of the DNACPR decision might be considered:

- When a patient’s overall clinical condition significantly improves warranting further discussion.
- No later than six weeks after the original decision in the first instance (review date 1) and then at approximately every eight week intervals thereafter.

If the clinical circumstances clearly change: a new discussion is warranted and the decision is subject to the same information sharing as the initial decision. If DNACPR is decided again then a new copy of the DNACPR form and a copy of the new form again must be handed to the patient or their advocate.

Cancellation of a DNACPR Decision

In some circumstances it may be right to cancel a DNACPR decision. The original form should be clearly diagonally marked in black ink “CANCELLED”.

All parties who received the original order must be contacted and informed that the DNACPR has been cancelled.

The communication must be in writing and logged and contain a copy of the overwritten cancelled original document. The patients’ original copy should be returned and destroyed - in order to avoid future error.

Clinical Note

- A DNACPR decision relates specifically to wishes expressed in the event of a predictable cardiopulmonary arrest – applying only to CPR and it does not apply to any other aspects of treatment.

- In clinical practice unpredictable situations can occur in patients whilst a current DNACPR is in place (please see policy). In such instances the underlying cause requires maximal treatment and temporary CPR might become necessary whilst any reversible cause is correctly managed.

For More Information

Please refer to, a clinical policy for “Do Not Attempt CardioPulmonary Resuscitation (DNACPR) for Adults in Wales”

Policy reference will be added in here in final document