

# DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNACPRadult.1(2015)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
NHS number \_\_\_\_\_

Date of DNACPR decision:

/ /

**DO NOT PHOTOCOPY**

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

**1 Patient has capacity to make and communicate decisions about CPR?**

If "YES" go to box 2

YES / NO

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

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 other decisions must be made in the patient's best interests and comply with current law. Go to box 2

**2 Main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:**

**3 Discussion with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:**

**4 Discussion summary with patient's relatives or friends:**

**5 Names of members of multidisciplinary team contributing to this decision: (e.g. Ward Sister, District Nurse, PCNS including GNC number)**

**6 Healthcare professional recording this DNACPR decision: (e.g. PCNS, Ward Sister, District Nurse, Trainee GP, including GMC/GNC number)**

Name \_\_\_\_\_ Position \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**7 Review and endorsement by most senior health professional. Consultant or GP please enter**

GMC No: \_\_\_\_\_  
Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Review date (if appropriate): \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_