

Allow a natural death/Do not attempt CPR (DNACPR) Policy (for Adults over 16 years) Policy

Policy Date 2018/2020
Policy Version 2.0

August 2018

This document remains valid whilst under review

TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	All staff providing care to patients, including bank, agency and temporary staff.
People who need to have a broad understanding of this document	Support staff Managers
People who need to know that this document exists	South East Coast Ambulance Staff Voluntary and Charitable organisations working with patients in the area covered by Sussex Community NHS Foundation Trust Sussex Partnership NHS Foundation trust Clinical Commissioning Groups Local Authorities in the area covered by Referring hospitals and organisations General Practitioners General public

Policy Author/
Reviewed by: EOL Care Lead, SCFT

Approved by: EOL Care Committee

Date: 27/07/2018

Ratified by: Trust-Wide Governance Group

Date: 04/10/2018

Date of next review: August 2020

VERSION CONTROL

VERSION HISTORY		
Date	Version	Changes / Comments
01/01/2011	1.0	Incorporation of policies from South Downs Health Trust and NHS West Sussex – West Sussex Health Community Services and the South East Coast SHA End of Life Advisory Group Principles for DNACPR to form a new DNACRP policy for the use of staff employed by Sussex Community Trust
10/03/2011	1.1	Incorporating changes suggested by those consulted on the first version and the addition of the patient leaflet and DNACRP forms and information for completion
26/04/2011	1.2	Incorporating comments from Dr Simone Ali
04/05/2011	1.3	Including all the current DNACPR forms in use in Brighton and Hove and West Sussex
26/08/2011	1.4	Minor Adjustments made following presentation to the Clinical Governance and Patient Safety Committee
08/08/2012	1.5	Format updated to reflect NHSLA Risk Management Standards 2021/13 requirements.
01/10/2014	1.7	Addition of the High Court 'Tracey' ruling. Addition of new SECAMB guidance for SECAMB staff.
1/3/2016	1.8	1) Changed name to 'Allow a Natural Death Policy' 2) Changed the policy owner from Medical Director to End of Life Care Lead, SCT 3) Changed the date of approval by the EOLC steering group to end of March 2016 4) Changed the ratification date to the next TWCG meeting 5) Changed the review date for the policy to November 2017 6) Included the definition of a senior nurse being Band 7 or above with the required training and competencies. 7) Added new titles to the consultation group and deleted old titles.
5/6/17	1.9	Changes to reflect competency updates for B&H nurses.
27/07/2018	2.0	Policy reviewed and updated in line with Resuscitation Policy review with additional ReSPECT Statement

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1 INTRODUCTION

Purpose

- 1.1.1 This policy influences the care at end of life and aims at achieving a joint approach to making decisions not to resuscitate and in the event of cardiopulmonary arrest to allow a natural death. It supports patient choice, and the respect of patient and family wishes in avoiding inappropriate intervention at the end of life.
- 1.1.2 End of Life Care is acknowledged to be a part of the provision of supportive and palliative care in response to the assessed needs of both patient and family during the last phase of life. This policy refers to end of life care for all adult patients who are suffering from chronic progressive and generally fatal illness or advanced irreversible disease, regardless of diagnosis. This group of patients includes those who have organ failure, such as heart disease and chronic pulmonary disease, stroke, general frailty, dementia and other neurological conditions as well as people with cancer (NHS Confederation, 2005). It is for all people at the end of life where the burden of cardiopulmonary resuscitation (CPR) outweighs potential benefits, thus avoiding inappropriate interventions.
- 1.1.3 When a patient is in the final stages of an incurable illness and death is expected within a few days, CPR is very unlikely to be clinically successful. In some cases, it may prolong or increase suffering and subject the patient to traumatic and undignified death. In these circumstances, most patients want a natural death without unnecessary interventions that most consider undignified.
- 1.1.4 Earlier discussions with patients about their general care and treatment aims may have addressed this issue. For example, in the context of palliative care, where patients are known to have an incurable illness, discussion and explanation about the realities of attempting CPR may occur in advance of the last few days of life. Consideration should be given to all patients where a DS1500 has been completed confirming they are suffering from a progressive disease and, as a consequence of that disease, are not expected to live longer than 6 months. The Gold Standards Framework (GSF) Prognostic Indicator may help to identify patients at the end of life.
- 1.1.5 Where a DNACPR decision has been made on the grounds of 'burdens versus benefit' rather than futility, some patients for whom a DNACPR decision has been established may develop cardiac or respiratory arrest from a readily reversible cause such as choking, induction of anaesthesia, anaphylaxis or blocked tracheotomy tube. In such situations, CPR would be appropriate, while the reversible cause is treated, unless the patient has specifically refused intervention in these circumstances.
- 1.1.6 Evidence indicates that for patients with advanced disease, CPR is extremely unlikely to be successful.
- 1.1.7 Many patients have unrealistic expectations about the potential benefits of CPR and often lack detailed information about what is involved.

Scope

- 1.2.1 This policy is for all adults (over 16) at the end of their life who are suffering from chronic disease, regardless of their diagnosis. End of Life Care is defined as being for *all patients with a chronic, progressive and generally fatal illness, or an advanced irreversible disease*. This group includes patients with organ failure, such as heart disease and chronic pulmonary disease, stroke, general frailty, dementia and other neurological conditions as well as people with cancer (NHS Confederation, 2005). It is for all people at the end of life where the burden of resuscitation outweighs potential benefits
- 1.2.2 Consideration should be given to all patients where a DS1500 has been completed confirming they are suffering from a progressive disease and, as a consequence of that disease, are not expected to live longer than 6 months.
- 1.2.3 This policy refers to not performing cardio-pulmonary resuscitation (CPR) i.e. cardiac massage and artificial respiration. Patients and their carers need to be reassured that although CPR will not be attempted, general care and comfort will remain a priority and consideration will also be given to other resuscitative measures where appropriate, for example antibiotics and blood transfusions.
- 1.2.4 The policy will apply to all care settings and be transferable from one setting to another including during transport. Staff should check these arrangements with their local acute trust. The DNACPR form will remain valid from the date of signing unless a review date is specified. It will be recognised that a review date does not have to be specified.

Definitions

Term	Definition
Mental Capacity	An individual over the age of 16 is presumed to have mental capacity to make decisions for themselves unless there is evidence to the contrary. Individuals that lack capacity will not be able to: <ul style="list-style-type: none"> • understand the information relevant to the decision • retain that information • use or weigh that information as part of the process of making the decision • to communicate the decision, whether by talking or sign language or by any other means.
Cardio Pulmonary Resuscitation (CPR)	Interventions delivered with the intention of restarting the heart and breathing. These will include chest compressions and ventilations and may include attempted defibrillation and the administration of drugs.
Cardiac Arrest	Is the sudden cessation of mechanical cardiac activity, confirmed by the absence of a detectable pulse, unresponsiveness, and apnoea or agonal gasping respiration.
Mental Capacity Act- 2005 (MCA)	This was fully implemented on 1 October 2007. The aim of the Act is to provide a much clearer legal framework for people who lack capacity and those caring for them by setting out key

Term	Definition
	principles, procedures and safeguards.
Advance Decision to Refuse Treatment (ADRT)	A decision by an individual to refuse a particular treatment in certain circumstances. A valid ADRT is legally binding on healthcare staff.
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)	Refers to not making efforts to restart breathing and/or the heart in cases of respiratory / cardiac arrest. It does not refer to any other interventions/treatment/care such as fluid replacement, feeding, antibiotics.
Lasting Power of Attorney (LPA) / Personal Welfare Attorney (PWA).	The Mental Capacity Act (2005) allows people over the age of 18 years of age, who have capacity, to make a Lasting Power of Attorney by appointing a Personal Welfare Attorney who can make decisions regarding health and wellbeing on their behalf, once capacity is lost.
Independent Mental Capacity Advocate (IMCA)	An IMCA supports and represents a person who lacks capacity to make a specific decision at a specific time and who has no family or friends who are appropriate to represent them.

ALLOW A NATURAL DEATH POLICY

2.1 Who can make the decision?

The responsibility for decision-making and DNACPR must always rest with the most senior clinician currently in charge of the patient's care. In the majority of cases this will be the Consultant or GP. However, they may delegate this responsibility to another registered medical practitioner or senior nurse (defined as a nurse who has completed the training and has the competencies to make this decision). Examples include nurse consultants, senior clinical nurses who have undergone appropriate training

Nurses will undertake a training programme and competency assessment as part of an extended role. The programme and competencies will be in line with those agreed by the NHS South East Coast End of Life (EoL) Clinical Advisory Group. The completed DNACPR form should be portable and recognised in any setting, accountability remains with the signatory's employing organisation. Appendix A and B contains the Red bordered Form, which remains with the patient. Appendix C and D also contains the Grey bordered Form, which can be photocopied and faxed to other services together with the instructions for use, and completion, which will be available in the pre-printed packs of forms.

Wherever possible, a decision should be agreed by two senior members of the health care team responsible for the patient's care and treatment.

It is good practice to ensure the patient's GP/Consultant is informed at the earliest opportunity.

If the GP, consultant or appropriately trained senior nurse signing the DNACPR form feels that it will be clinically appropriate to review the decision they must enter a review date and will therefore need to make appropriate arrangement for this review to take place. Otherwise, there does not need to be a date for review.

2.2 Recording and communicating the decision: A guide to the DNACPR documentation

Red Form

The NHS South East Coast End of Life Clinical Advisory Group has agreed that The Resuscitation Council red-bordered model DNACPR form will be the preferred form for recording the decision and will be used South East Coast wide in all settings. This is the form which should be used by staff employed by Sussex Community Trust. Please see separate appendix A and B for a copy of the relevant form for the area where the patient lives. Currently there are slight differences in the wording between the forms used by GPs and trusts across Sussex and those used by GPs in Brighton and BSUH. The form which the patient has is red bordered, wherever you work, it is only the wording which differs.

The red form, which requires an ink signature, will be considered the active document and will be considered the patient's 'property'. The form needs to move with the patient when transferring from one care setting to another, for example, from hospital to home so that Out of Hours (OOH) services and ambulance services can see the signed form if and when necessary.

Grey Form

The grey decision record will be the preferred method of keeping a copy of the DNACPR form, can remain with the originator's notes, and be used to communicate the decision to others involved in the patient's care including the ambulance service, GP / OOH service and Hospices. The grey-bordered form may be faxed or sent by other timely means. Please see Appendix C and D for a copy of the form. Currently there are slight differences in the wording between the forms used by GPs in West Sussex and Western Sussex Hospitals and those used by GPs in Brighton and Brighton and Sussex University NHS Hospital. For patients in Brighton please print out the red-bordered form in black and white or photocopy the red form in black and white, to get a grey border to the form.

2.3 Additional points

The red and grey forms may be produced in a carbonated pad, or another alternative method. However to be valid, the red form will require an ink signature.

If there is a clinical electronic record system, a brief statement should be made to indicate that a DNACPR form has been completed including the date, time, reasons for the decision and those involved in the decision making process.

Depending upon local practice, the presence of a signed DNACPR form should be recorded in 'alert systems' and recorded in the 'message in a bottle' system.

The senior clinician responsible for the patient e.g. his or her Consultant, GP or appropriately trained senior nurse will need to sign section seven when completing the red form. This signature does not require any further endorsement and if no review date is specified no further signatures need be entered in this section.

The red form may be signed under delegated authority by a senior medical practitioner who is not ultimately responsible for the patient's care in section 6.

Examples include doctors on-call in the hospital setting and visiting GPs in the OOH setting. The form completed in this way needs endorsement of the consultant, GP or appropriately trained Senior Nurse responsible for the care of the patient as soon as it is practically possible by counter-signing the form in section seven.

In an in-patient setting the DNACPR form should be completed with the NHS number and hospital number, taking the hospital number to include other in-patient settings such as a hospice. Forms signed in the community will only have the NHS number. Both are equally valid. The purpose of these numbers is to facilitate governance and audit arrangements.

The use of printed patients' sticky labels on both the red and grey forms is acceptable.

A patient leaflet can be found in Appendix F which should be used by SCFT staff and others to help explain to patients what the nature of a DNACPR means for them.

2.4 FUTURE DEVELOPMENTS - ReSPECT

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR).

ReSPECT addresses treatment planning in relation to emergency, potentially life-extending treatment, including CPR. It should be considered for those patients who are at risk of a clinical deterioration that may place their life at risk. These patients may already have an existing life limiting illness, such as advanced organ failure, or cancer. The scope of ReSPECT can cover other treatments-for example, antimicrobial therapy in those at risk of infection, ventilation in those at risk of respiratory failure or artificial nutrition/hydration in those at risk of aspiration. Additionally, patient wishes may lead to a ReSPECT document being considered, discussed and used, even in the absence of advanced, or indeed any, illness. ReSPECT aims to promote more conversations between patients (and or their families) with clinicians, leading to shared decision making (when possible), better advanced planning, good communication and documentation and better overall care. Staff will be provided with appropriate for role training in the ReSPECT process as part of the comprehensive SCFT project plan which aligns the project with other providers in the STP.

Prior to this, if staff encounter a patient with a ReSPECT form they are to be treated as an indication of the prior discussions and decisions with regards to future treatments and DNACPR/Resuscitation decisions and should be actioned accordingly.

RESPONSIBILITIES

3.1 Chief Executive

- Ensure a policy is in place, which respects people's rights.
- All members of staff understand the policy.
- The policy is accessible to all those who need it.

3.2 Trust Managers

It is the managers' responsibility to be proactive and ensure that staff are aware of this policy, and to support staff in its implementation.

3.3 **Consultants/GPs/Relevant Senior Experienced Nurses (who have undertaken appropriate education and training course)**

The most senior practitioner present or an Out Of Hours (OOHs) GP can make a DNACPR order. Following the 'Tracey' Court of Appeal ruling in June 2014, patients should be included in the discussions around DNACPR provided no harm will be caused therein. The clinician makes the decision regarding DNACPR, but must take into account the views of the patient or a relative or friend. If the clinician does not include the patient in this discussion, it must be clearly documented in the records as to the reason why.

Discussions about future health care decisions should ideally include those relating to end of life care as part of general advance care planning. As such, this might include discussions with the patient and his or her family regarding CPR. This will be particularly important to consider for patients whose condition may or will affect their ability to communicate at a later stage e.g. Motor Neurone Disease.

Where no explicit advance decision has been made about the appropriateness or otherwise of attempting CPR prior to a patient's suffering cardiac or respiratory arrest, and the express wishes of the patient are unknown and cannot be ascertained, there should be a presumption that health professionals will make all reasonable efforts to revive the patient. However it is unlikely to be considered reasonable to attempt CPR on a terminally ill patients or where the burdens of treatment clearly outweighs potential benefits.

3.4 **All members of the Health Care Team**

Should participate in the decision making process as part of end of life care and be aware of the CPR status of patients within their care.

Staff need to be aware that decisions about whether or not to attempt CPR by Healthcare professionals , can raise very sensitive and potentially distressing issues for the patient and people emotionally close to the patient. It is important that those undertaking such conversations are suitably trained to do so.

3.5 **South East Coast Ambulance (SECamb) staff**

If 999 is called, the call-centre will inform the crew if a DNACPR form is in the house. Staff signing DNACPR forms should take steps to ensure that SECamb is aware that an original form is with the patient. A grey copy of the DNACPR form can be faxed to SECamb for information. The crew will be advised that where the Message in the Bottle system is in use the green cross sticker will be on the inside of the front door and the outside of the fridge. Confirmation of the existence of a signed DNACPR form will be on the "Message in a Bottle" form in the container inside the fridge in the section entitled "Are there any details that may be required by the emergency services." and the Red bordered signed DNACPR documentation in the back of the home notes (Appendix A and B).

For information, SECamb issued further guidance to their staff on NOT commencing CPR (or discontinuing it) in a number of situations where

a DNACPR is not found in the patient's house (Clinical Instruction - February 2013).

If a patient dies on transfer from home to hospital / hospice and there is a DNACPR in place, the patient should continue to be taken to the original destination. If the patient is being transferred from a hospice / hospital to home the crews should bring the patient back to his or her original location.

3.6

All Staff

Staff are required to complete **in full and as directed** any templates or pro formas that they have been instructed to use and complete as part of following this policy or procedural document.

ASSOCIATED DOCUMENTS AND REFERENCES

- Mental Capacity Act 2005
- Human Rights Act 1998
- Guide for Consent and Treatment DH 2001
- Improving Supportive and Palliative Care for Adults with Cancer, National Institute for Clinical Excellence 2004.
- National Service Framework for Older People DH 2001
- National Service Framework for Renal Disease Part 2 DH 2005
- End of Life Care Strategy DH 2008
- Treatment and care towards the end of life GMC May 2010
- Capacity, care planning and advance care planning in life limiting illness – National End of Life Care Programme June 2011.
- Resuscitation Council UK Statement on the 'Tracey' Court of Appeal ruling July 2014
- The Association of Palliative Medicine Ethics Committee Consideration of the Court of Appeal Judgement 17 June 2014
- Decisions relating to Cardiopulmonary Resuscitation 3rd edition BMA, Resuscitation Council (UK) and RCN Oct 2014.

MONITORING COMPLIANCE

Compliance to this policy will be monitored through Spot Checks and Audits of Health Records.

The responsibility of monitoring compliance to this policy will be Heads of Service, Clinical Directors and Service Managers.

Monitoring of compliance to this policy should be undertaken at least annually and as part of staff supervision.

DISSEMINATION AND IMPLEMENTATION

This policy will be circulated to Heads of Services and Clinical Directors to cascade to staff, made available on the intranet, and publicised through Contact (the Trust internal electronic newsletter).

CONSULTATION, APPROVAL, RATIFICATION & REVIEW

- EOLC steering group
- End of Life Care Lead, SCT
- Clinical Director Palliative Care Midhurst
- Area Nurses (East, West, Central)
- Trust Resuscitation Officer
- Medical Director

The End of Life Care Steering group is responsible for the approval of the Policy and the Trustwide Clinical Governance Group is responsible for the ratification of the Policy.

The Policy will be reviewed every two years or ad-hoc where required.

This policy does not affect any staff Terms and Conditions.

APPENDIX A: RED DNACPR FORM FOR SUSSEX
Must be printed in colour

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? If "YES" go to box 2	<input type="text" value="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 or 7	<input type="text" value="YES / NO"/>
	If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted.	<input type="text" value="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 _____
	<input type="text" value="Review date (if appropriate) or state 'No review date'"/>	
	Reviewed and DNACPR order re-confirmed by (name) _____	
	Date _____	Signature _____

APP B: RED DNACPR FORM FOR USE IN BRIGHTON & HOVE:
Must be printed in colour

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) ALLOW NATURAL DEATH		Adults aged 16 years and over
Sussex Community NHS Trust Date of DNACPR order: <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0;"> / / </div> <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0; color: red; font-weight: bold;"> DO NOT PHOTOCOPY To be retained with patient </div>	<div style="text-align: right; font-size: x-small;"> * Complete all Sections * DNACPR adult (July 2011) SCT BH v10 </div> <div style="border: 1px solid black; padding: 5px;"> Name _____ Address _____ Date of birth _____ NHS & hospital number _____ </div>	
In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.		
1	Does the patient have capacity to make and communicate decisions about CPR? If "YES" go to box 2.	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	If "NO", has the patient appointed an Attorney for Health & Personal Welfare to make a decision refusing CPR which is relevant to the current condition on their behalf? If "YES" the Attorney <u>must</u> be consulted.	<input type="checkbox"/> YES / <input type="checkbox"/> NO
	If "NO", are you aware of a valid Advance Decision refusing CPR which is relevant to the current condition? If "YES" the Advance Decision <u>must</u> be respected.	<input type="checkbox"/> YES / <input type="checkbox"/> NO
All other decisions must be made in the patient's best interests and comply with current law.		
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 Attorney for Health & Personal Welfare). If this decision has not been discussed with the patient or Attorney, state the reason why: Name of Attorney: _____ Date of discussion: _____	
4	Summary of communication with patient's relatives or friends. If this decision has not been discussed, state the reason why: Name of relative/friend and relationship to patient: _____ Date of discussion: _____	
5	Names and positions of members of multidisciplinary team contributing to this decision: 	
6	Healthcare professional completing this DNACPR order: Name _____ Position _____ Signature _____ Date _____ Time _____	
7	Endorsement by GP / Consultant in charge: Signature _____ Name _____ Date _____ Review date (enter date or circle "Indefinite") _____ / Indefinite At Review: Signature _____ Name _____ Date _____ Review date (enter date or circle "Indefinite") _____ / Indefinite	

APP C: GREY DNACPR FORM FOR USE IN SUSSEX
Must be printed in black and white

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION DECISION RECORD							
<p>Name _____</p> <p>Address _____</p> <p>Date of birth _____</p> <p>NHS & Hospital numbers _____ / _____</p>	<p style="text-align: center;">Date of DNACPR order: / /</p> <p style="text-align: center;">Adults aged 16 years and over</p>						
<p>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.</p>							
1	<p>Does the patient have capacity to make and communicate decisions about CPR? If "YES" go to box 2 <input type="checkbox"/> YES / <input type="checkbox"/> NO</p> <p>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 <input type="checkbox"/> YES / <input type="checkbox"/> NO</p> <p>If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. <input type="checkbox"/> YES / <input type="checkbox"/> NO</p> <p>All decisions must be made in the patient's best interests and comply with current law. Go to box 2</p>						
2	<p>Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:</p>						
3	<p>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:</p>						
4	<p>Summary of communication with patient's relatives or friends:</p> <p>Date: _____ Name and relationship to patient: _____</p>						
5	<p>Names of members of multidisciplinary team contributing to this decision:</p>						
6	<p>Healthcare professional completing this DNACPR order: NB NOT required if this form is written by a senior health professional who completes box 7</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name _____</td> <td style="width: 50%; border: none;">Position _____</td> </tr> <tr> <td style="border: none;">Organisation _____</td> <td style="border: none;">Organisation phone number _____</td> </tr> <tr> <td style="border: none;">Date _____</td> <td style="border: none;">Signature _____</td> </tr> </table>	Name _____	Position _____	Organisation _____	Organisation phone number _____	Date _____	Signature _____
Name _____	Position _____						
Organisation _____	Organisation phone number _____						
Date _____	Signature _____						
7	<p>Completion or review and endorsement by most senior health professional:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name _____</td> <td style="width: 50%; border: none;">Position _____</td> </tr> <tr> <td style="border: none;">Organisation _____</td> <td style="border: none;">Organisation phone number _____</td> </tr> <tr> <td style="border: none;">Date _____</td> <td style="border: none;">Signature _____</td> </tr> </table> <p style="border: 1px solid black; padding: 2px; margin-top: 5px;">Review date (if appropriate) or state "No review date"</p> <p>Reviewed and DNACPR order re-confirmed by (name) _____</p> <p>Date _____ Signature _____</p>	Name _____	Position _____	Organisation _____	Organisation phone number _____	Date _____	Signature _____
Name _____	Position _____						
Organisation _____	Organisation phone number _____						
Date _____	Signature _____						

APP D: GREY DNACPR FORM FOR USE IN BRIGHTON & HOVE
Must be printed in black and white

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) ALLOW NATURAL DEATH		Adults aged 16 years and over								
Sussex Community NHS Trust	* Complete all Sections * DNACPR adult (July 2011) SCT BH v10									
Date of DNACPR order: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center;"> / / </div>	<table style="width: 100%; border: 1px solid black;"> <tr><td style="width: 30%;">Name</td><td>_____</td></tr> <tr><td>Address</td><td>_____</td></tr> <tr><td>Date of birth</td><td>_____</td></tr> <tr><td>NHS & hospital number</td><td>_____</td></tr> </table>		Name	_____	Address	_____	Date of birth	_____	NHS & hospital number	_____
Name	_____									
Address	_____									
Date of birth	_____									
NHS & hospital number	_____									
In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.										
1	Does the patient have capacity to make and communicate decisions about CPR? If "YES" go to box 2.	<input type="checkbox"/> YES / <input type="checkbox"/> NO								
	If "NO", has the patient appointed an Attorney for Health & Personal Welfare to make a decision refusing CPR which is relevant to the current condition on their behalf? If "YES" the Attorney <u>must</u> be consulted.	<input type="checkbox"/> YES / <input type="checkbox"/> NO								
	If "NO", are you aware of a valid Advance Decision refusing CPR which is relevant to the current condition? If "YES" the Advance Decision <u>must</u> be respected.	<input type="checkbox"/> YES / <input type="checkbox"/> NO								
All other decisions must be made in the patient's best interests and comply with current law.										
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 Attorney for Health & Personal Welfare). If this decision has not been discussed with the patient or Attorney, state the reason why:									
	Name of Attorney: _____	Date of discussion: _____								
4	Summary of communication with patient's relatives or friends. If this decision has not been discussed, state the reason why:									
	Name of relative/friend and relationship to patient: _____	Date of discussion: _____								
5	Names and positions of members of multidisciplinary team contributing to this decision:									
6	Healthcare professional completing this DNACPR order:									
	Name _____	Position _____								
	Signature _____	Date _____ Time _____								
7	Endorsement by GP / Consultant in charge:									
	Signature _____	Name _____ Date _____								
	Review date (enter date or circle "Indefinite") _____ / Indefinite									
	At Review:									
	Signature _____	Name _____ Date _____								
	Review date (enter date or circle "Indefinite") _____ / Indefinite									

APP E: GUIDANCE FOR COMPLETION OF DNACPR

- The patient's full name, date of birth and address should be written clearly in black ball point ink.
- The date of writing the order should be entered.
- This order will be regarded as "INDEFINITE" unless it is clearly cancelled or a definite review date is specified.
- The order should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare institution to another, admitted from home or discharged home.
- If the decision is cancelled the form should be crossed through with two diagonal lines in black ball-point ink and "CANCELLED" written clearly between them, signed and dated by the healthcare professional cancelling the order.

Guidance for form completion

- 1. Capacity / advance decisions** Record the assessment of capacity in the clinical notes. Ensure that any advance decision is valid for the patient's current circumstances.
16 and 17-year-olds: Whilst 16 and 17-year-olds with capacity are treated as adults for the purposes of consent, parental responsibility will continue until they reach age 18. Legal advice should be sought in the event of disagreements on this issue between a young person of 16 or 17 and those holding parental responsibility.
- 2. Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests** Be as specific as possible.
- 3. Summary of communication with patient** State clearly what was discussed and agreed. If this decision was not discussed with the patient, state the reason why this was inappropriate. It is not essential to discuss CPR with every patient. If a patient is in the final stages of a terminal illness and discussion would cause distress without any likelihood of benefit this situation should be recorded

The Resuscitation Council (UK) wishes to promote :

- high-quality practice in making decisions about whether or not CPR is attempted;
- increased use of advance care planning, including making decisions about CPR, as part of high-quality clinical care of people approaching the end of their life;
- effective and timely communication with patients and those close to patients about such decisions whenever possible and appropriate;
- clear documentation of all decisions about CPR and of the reasons for them;
- clear documentation of discussions about such decisions or of the reasons why those discussions were not possible or appropriate.

4. Summary of communication with patient's relatives or friends If the patient does not have capacity their relatives or friends must be consulted and may be able to help by indicating what the patient would decide if able to do so. If the patient has made a Lasting Power of Attorney, appointing a Welfare Attorney to make decisions on their behalf, that person must be consulted. A Welfare Attorney may be able to refuse life-sustaining treatment on behalf of the patient if this power is included in the original Lasting Power of Attorney.

If the patient has capacity ensure that discussion with others does not breach confidentiality.

State the names and relationships of relatives or friends or other representatives with whom this decision has been discussed. More detailed description of such discussion should be recorded in the clinical notes where appropriate.

5. Members of multidisciplinary team State names and positions. Ensure that the DNACPR order has been communicated to all relevant members of the healthcare team.

6. Healthcare professional completing this DNACPR order This should be the most senior healthcare professional immediately available, and in the acute trust a doctor of Registrar or above.

NB Section 6 is not required to be completed if the form is written by a senior health professional who completes box 7. A senior professional may be an experienced senior nurse who has undergone appropriate training.

7. Completion / Review / endorsement The decision must be endorsed by the most senior healthcare professional responsible for the patient's care at the earliest opportunity – in the acute trust within 24 hours. Further endorsement should be signed whenever the decision is reviewed. A fixed review date is not recommended. Review should occur whenever circumstances change.

Red form The DNACPR form has a red border to distinguish it from the grey decision record document. It is recognised by all healthcare providers, including the ambulance trust, across the South East Coast NHS region.

The red form is the “active” form – the one a ward team or ambulance crew will seek to know a valid DNACPR order is in place. It is to be considered the patient's property and is to go with the patient from one care setting to another. It does not constitute part of the care record.

When in hospital, hospice or care home the completed red form should be placed in the front of the patient care record.

When at home the red form may be stored using the green Message In A Bottle system which is recognised and used by the ambulance trust. Supplies of green bottles may be obtained from palliative care teams or GPs.

Grey form The grey Decision Record is part of the care record and should remain in the notes of the originator.

Communicating the decision using the grey form To communicate the DNACPR decision to other healthcare professionals in a timely manner the grey Decision Record can be faxed (or sent electronically) to healthcare professionals involved in the patient's care, including the ambulance service, GP, hospital, hospice, district nurse, Out Of Hours services etc. The grey Decision Record can be copied if this is needed.

Discharging the patient On transfer from one care setting to another the active red DNACPR form should travel with the patient, and the grey DNACPR Decision Record should remain in the originator's notes. Forms completed in hospital or hospices should be reviewed before the patient is discharged to the community.

Review of DNACPR decisions In the vast majority of cases when a clinician signs a DNACPR form they would be doing so in the expectation that the decision would remain valid until death occurs due to the patient's poor health status. However where the clinical circumstances and patient's condition may change the decision about CPR will need to be reviewed. The responsible clinician, depending on the general health status of the patient, will determine the future review date and enter this on the DNACPR form. They will need to make appropriate arrangements for this review to take place.

If new information is found by any member of the health care team that may bring into question a previous DNACPR decision, it is their responsibility to raise it with the senior clinician so that a review of the decision can be triggered.

Cancelling DNACPR decisions – the red form In circumstances where the DNACPR decision is no longer clinically applicable and therefore needs to be cancelled, the red DNACPR form should be removed from the patient's record or home, crossed through with two lines and highlighted with the instruction "This order is cancelled", signed, dated and filed normally. A suitable entry must also be made in the patient's record.

Cancelling DNACPR decisions – the grey decision record form Where available the grey Decision Record should be crossed through, signed and dated. The change in situation should be communicated to other agencies involved in the patient's care that received the original notification. This process needs to include all those who have received a copy of the original grey form and may be done by faxing a copy of the cancelled form to those concerned.

Equality and Human Rights Analysis (EHRA)

Title(s): Allow a natural death/DNACPR policy Adults over 16

Aims: The purpose of this document is to make clear the process and procedures to follow when making a decision not to perform CPR but to allow a natural death. It emphasises the importance of communicating this decision in advance to all members of the multidisciplinary team involved in the care. The policy makes clear the need to respect patients' and carers' wishes.

Evidence

Please summarise any evidence about how the work may impact people either positively or negatively specifically linked to their [characteristics](#).

- E.g. performance or survey data; focus groups; PALS; incident reviews; NICE guidance; research; good practice; demographic data
- Mark an 'X' in the columns for as many characteristics as are relevant

	Mark 'X' relevant characteristics								
	Age	Disability and Carers	Race	Religion or Belief	Sex	Pregnancy or Maternity	Gender Reassignment	Sexual Orientation	Other (e.g. Armed Forces)
Positive impacts: Allows for informed patient decisions	X	X							
Negative impacts: May be contrary to a persons religion or belief but then the choice still remains with the patient				X					

Equality Analysis

Please evaluate how the work may impact people with protected characteristics to meet the three **aims (A-C)** below, referencing any [evidence](#) identified above. If an aim is not relevant to your work, please explain why.

Aim A. [Eliminate discrimination](#) – Please evidence if the work could [unlawfully discriminate](#):

Include [who is discriminated](#) (e.g. disabled adults) and how. Include detailed reasons if it is [lawful](#)

Did you print this? Please ensure that you are accessing the most recent version.

Visit: <http://thepulse/our-trust/trustwide-policies-procedures/>

Aim B. Advance equality of opportunity – Please evidence if the work:

- Minimises disadvantage – Does the work address any poorer outcomes for particular protected groups?
- Meets different needs – Does the work meet different protected groups’ social, cultural or other needs?
- Encourages participation – Does the work target under-represented groups to increase involvement?

Evidence that DNACPR forms are discussed and used for all our patients regardless of Age, gender, religion or other protected characteristics

Aim C. Foster good relations – Please evidence if the work:

- Tackles prejudice – Does the work increase contact between groups to reduce negative attitudes?
- Promotes understanding – Does the work educate people about groups to change negative attitudes?

DNACPR discussions should work to educate patients and families on the process of Allow a natural death

Human Rights Analysis

Mark ‘X’ against the relevant rights which are safeguarded (+) or breached

(-) by the work:

	+	-
Article 2. Right to life (e.g. The Deteriorating Patient policy, DNACPR or Clinical competencies)	+	
Article 3. Prohibition of torture, inhuman or degrading treatment (e.g. Consent or Safeguarding)	+	
Article 5. Right to liberty and security (e.g. Deprivation of Liberty or Restrictive Interventions)	+	
Article 8. Right to respect for private and family life, home and correspondence (e.g. Confidentiality, health records, carer involvement, correspondence or staff leave)	+	
Article 9. Freedom of thought, conscience and religion (e.g. End of Life Care or Prescribing)	+	
Article 10. Freedom of expression (e.g. Patient information or Raising Concerns policy)	+	
Article 12. Right to marry and found a family (e.g. Pregnancy testing procedure)		

Monitoring

Please describe how any impacts will be monitored: (e.g. annual policy review, audit, performance metric)

DNACPR Audit

Post Bereavement Survey

Outcome

Choose the final outcome(s) **a-d** of the analysis with an 'X' and explain the reasons in the space below:

- (a) [Continue the work](#)
- (b) [Change the work](#)
- (c) [Justify and continue the work](#)
- (d) [Stop the work](#)

Detailed reasons (copy this statement into your main paperwork and any committee papers – this is what you want the decision-makers to see):

Please [score](#) any risks to equality or human rights below and update your risk register:

Consequence score: **1** x Likelihood score: **2** = [Equality and Human Rights Risk Score](#): **2**

Assurance Statement: I have reviewed the evidence with rigour and an open-mind and am satisfied there has been [due regard](#) to the need to eliminate discrimination, advance equality of opportunity and foster good relations, and there is compliance with [Section 149 of the Equality Act 2010](#).

Analysis Lead(s) names: Naomi Bonetti Date: 09/08/18

Ratifying committee / body: Date:

Reviewer (office use): Decision: Date:

Improvement Plan

Description of actions	Date	Person	How will this be delivered?
Add more rows if necessary			

Send this form along with your main paperwork for consultation to sc-tr.equality@nhs.net

RATIFICATION CHECKLIST
Trust-Wide Governance Group

Agenda Item:

Policy Title: **Allow a natural death/Do not attempt CPR (DNACPR) Policy (for Adults over 16 years) Policy**

Policy Author: **Lauren Smith**

Presented By: **TBC**

Purpose: **Ratification**

Checklist for Ratification			
1.	Reason for Review:		
	Reason for the Policy review: (please delete as appropriate)		
	a) Policy expired April 2018		
2.	Summary		
	Please give a brief overview of the following:		
	<ul style="list-style-type: none"> This policy influences the care at end of life and aims at achieving a joint approach to making decisions not to resuscitate and in the event of cardiopulmonary arrest to allow a natural death. It supports patient choice, and the respect of patient and family wishes in avoiding inappropriate intervention at the end of life. Additional statement regarding Respect 		
3.	Format		
	Has the standard SCFT template been used?	Yes	Comments:
4.	Consultation		
	Name	Group Member	Response Y/N
	EOL Care Steering group Resuscitation Group		
5.	Dissemination/Implementation Process		
6.	Cost/Resource Implications		
	Does this policy/procedures have any cost and/or resource implications?:	N	
	Please provide details of the cost/resource implications: <i>eg training, equipment, additional staff</i>		
	Has this been agreed by the accountable Director?		Y

	Name	Job Title	Date
	Richard Quirk	Medical Director	July 2018
7.	Approval		
	Please state the name of the Group that has approved this document?	Name: EOLC Steering group	
	Date of Group Approval:	Date: July 2018	
8.	Equality Analysis		
	Has the Equality Impact Assessment been completed?	Yes	Comments
9.	Review		
	Please state the timescale for review:	2 years	

DECISION OUTCOME AND RECOMMENDATIONS

<i>For completion by the Chair of the Group or Committee considering ratification.</i>		
Is the Committee / Group satisfied and assured that due process has been followed in order to produce or review the Policy?	Yes	Comments: N/A
Is the Committee / Group satisfied and assured with the consultation on the Policy?	Yes	Comments: N/A
Does anybody (Group or individual) else need to be consulted prior to ratification?	No	Please state who: N/A
Other Comments	N/A	
Outcome: Was the Policy Ratified?	Yes	
Other comments: Including strengths and good practice.	N/A	
Additional actions required for ratification:	N/A	

Must be SMART	
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**Signature of Chair: SCFT Medical Director
(Executive Director)**

Print Name: Richard Quirk

Date: 04/10/2018