

Guidance on completion of the Red and Grey DNACPR Forms

'DNACPR is a clinical decision discussed with the patient (where appropriate) and communicated to the next of kin'

- The patient's full name, date of birth and address should be typed or written clearly using black ball point ink or patient label
- 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 if clinically appropriate or when 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 completing sections 1 to 7

- 1. Capacity / advance decisions:** Record assessment of the patient's capacity to make decisions in their 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 but avoid perceived quality of life or age as a factor. Consider likelihood of cardiac arrest success/co-morbidity.
- 3. Summary of communication with patient:** State 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 this discussion would cause distress without any likelihood of benefit, this should be recorded.
- 4. Summary of communication with patient's relatives or friends:** If the patient has capacity, ensure that any communication with others does not breach confidentiality. If the patient lacks capacity and resuscitation is inappropriate, a DNACPR decision will be made in the patient's best interests by the senior clinician responsible for their care. The patient's relatives/carers or Personal Welfare Attorney should be contacted in a timely manner to inform what may be in the patient's 'best interests' however the decision should not be delayed if resuscitation is inappropriate.

State the names and relationships of relatives or other representatives to whom the DNACPR decision was communicated. 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:** Should be the most senior health professional that is immediately available if an urgent decision is required. This may include a senior nurse with appropriate training or any appropriate doctor holding full GMC registration (subject to local policy). Completion of section 6 ensures that the DNACPR document is valid but should be endorsed by the senior health professional responsible for the patient's care at the earliest opportunity.

NB Section 6 is not required if section 7 is completed by the most senior health professional

- 7. Completion / Review / endorsement:** If the DNACPR decision requires endorsement by the senior health professional responsible for the patient's care this should be completed at the earliest opportunity – in acute trusts within 24 hours and in other care settings within 7 days of the 1st signature in section 6. Further endorsement should be signed whenever the decision is reviewed. A fixed review date is not recommended.

Guidance on use and distribution of the Red and Grey DNACPR forms

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. This is the copy that constitutes a valid DNACPR order– the one a ward team or ambulance crew will need to see. It is to be considered the patient’s property and should 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. If an electronic patient record (EPR) system is used, an alert should be used in the EPR to indicate where the form will be kept.

In the home, the red form should be stored in an accessible place. This should be identified for example using the green ‘Message in a Bottle’ system, which is recognised and used by the ambulance trust.

Grey form: The grey Decision Record is part of the care record and should remain in the notes of the originator as a ‘file copy’.

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. It is advisable to keep a log or checklist of all health professionals receiving the grey order so this can be revisited if the decision is cancelled.

Discharging the patient: The red DNACPR form should accompany the patient when they are transferred from one care setting to another. (Check local policy). 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 a clinician signs a DNACPR form in the expectation that the decision will remain valid until death occurs due to the patient’s poor health status. However if the clinical circumstances and patient’s condition improve, the decision about CPR may need to be reviewed. The responsible clinician will determine the future review date, depending on the general health status of the patient and enter this on the DNACPR form. They should make appropriate arrangements for this review to take place.

If new information that may bring into question a previous DNACPR decision is identified by a member of the health care team, 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 in the patient notes. 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 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. Ideally the recipient should attach the cancelled form to the previous order, so records are transparent.