

# 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?** YES / NO  
If "YES" go to box 2

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 YES / NO

If "NO", has the patient appointed a Personal Welfare Attorney to make decisions on their behalf? If "YES" they must be consulted. 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 Personal Welfare Attorney). If this decision has not been discussed with the patient (or Personal 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 \_\_\_\_\_

Review date (if appropriate) or state "No review date"

Reviewed and DNACPR order re-confirmed by (name)

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