

# DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNARadult.1(March 2009)

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

Date of DNAR order:

/ /

**DO NOT PHOTOCOPY**

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?** 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 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 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:**

**5 Names of members of multidisciplinary team contributing to this decision:**

**6 Healthcare professional completing this DNAR order:**

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

**7 Review and endorsement by most senior health professional:**

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

Review date (if appropriate)

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

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

**This form should be completed legibly in black ball point ink  
All sections should be completed**

- The patient's full name, date of birth and address should be written clearly.
- The date of writing the order should be entered.
- This order will be regarded as "INDEFINITE" unless it is clearly cancelled.
- The order should be reviewed whenever clinically appropriate, the patient expressly wishes it or whenever the patient is transferred within the community i.e. (Community Hospital, Nursing home, Hospice, Patients Home or the Acute Trust Hospital)
- If the decision is cancelled the form should be crossed through with 2 diagonal lines in black ball-point ink and "CANCELLED" written clearly between them, signed and dated by the healthcare professional cancelling the order.

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**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.

**4. Summary of communication with patient's relatives or friends**

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

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.

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 DNAR order has been communicated to all relevant members of the healthcare team.

**6. Healthcare professional completing this DNAR order**

DNAR decisions rest with the most senior clinician (Consultant/GP/Senior Nurse/Senior Nurse at time of admission) of the health care team in charge of the patient's care.

**7. Endorsement / review...**

The decision must be discussed with and endorsed by the most senior clinician of the health care team in charge of the patient's care at the earliest opportunity. Further endorsement should be signed whenever the decision is reviewed.