

# DNACPR

**DNACPR is a useful tool recording a decision made at a point in time, not a legal document.**

This poster aims to share good practice, dispel common myths and support staff in difficult situations. All decisions should be made in the best interests of the person.

## Top tips and Dispelling Myths

### **DNACPR Decision Status**

**DO** look for this in the Emergency Care Summary / Key Information Summary (ECS/KIS) where it should be recorded.

### **Anticipatory Care Planning**

**DO** ask those people with a DNACPR about other anticipatory care plans they may have, these can be a helpful prompt for care planning discussions.

### **Circumstances**

**DO** try and understand the circumstances that led to a DNACPR decision, which may be:

- The person's wish not to have CPR
- CPR would be futile & inappropriate due to advancing illness and deteriorating health
- The outcomes of CPR would be uncertain and a shared decision has been made.

### **Clinical Decision Making**

**DO** use clinical decision making to determine if CPR is appropriate. CPR like any intervention should only be initiated if in the person's best interest and likely to be effective.

### **I need to see the original physical DNACPR or it is not Valid**

**FALSE!** DNACPR may be handed over to crews via many means including verbally by HCP, carers, family etc.

### **If the DNACPR is out of date I need to start resuscitation**

**FALSE!** DNACPR do not go out of date. It may be appropriate for some conditions to be reviewed later for example people with cancer who are receiving active treatment, however this is unlikely to be appropriate for those with chronic conditions such as dementia.

### **Each Section of the DNACPR form needs completed or it is not valid**

**FALSE!** The presence of the form is sufficient.

### **A DNACPR stops you getting other forms of care in hospital**

**FALSE!** People with a DNACPR may be appropriate for full escalation of care.

“...there will be some people for whom attempting CPR would clearly not be successful. Where CPR will not work it should not be attempted. Any healthcare professional that makes and documents a carefully considered decision not to start CPR in such a situation should be supported by their senior colleagues, employers and professional bodies”

DNACPR integrated Policy (SG 2016)

## FURTHER RESOURCES

Email: [sas.endoflifecare@nhs.scot](mailto:sas.endoflifecare@nhs.scot)

[www.resus.org.uk](http://www.resus.org.uk)

JRCALC Guidelines