

DNA-CPR Decision Making, Documentation and Communication Process

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DNA-CPR DECISION MAKING</p>	<p>DNA-CPR decision made, following discussions with patient and family wherever appropriate.</p> <p>In the case of a patient who lacks capacity the decision must be made in their 'Best Interests' and this must be indicated on the DNA-CPR form. Further supporting information must be written in the patient's medical notes including the assessment of capacity.</p> <p>If the person lacks capacity and has no family to consult then if there is any doubt about whether the decision not to resuscitate is the right decision, an Independent Mental Capacity Advocate (IMCA) must be consulted.</p> <p>Use the Patient Information leaflet to guide and support discussions.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">BEST INTEREST DECISIONS</p>	<p>If the DNA-CPR decision is made as a 'Best Interests' of the patient the clinician is legally obliged to take into consideration any previous wishes of the patient prior to them losing capacity. This information may be contained in for example, a Preferred Priorities for Care (PPC), Valid Advance Decision to Refuse Treatment (ADRT), or other advance statement of wishes or care plan.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DNA-CPR form</p>	<p>NWAS DNA-CPR form completed legibly in black ink with no abbreviations.</p> <p>Reason for DNA-CPR decision should be given. Doctor's name, signature and GMC number must be clearly printed. Date of decision must be entered.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Handling of form</p>	<p>Form needs to remain with the patient in a safe but easily accessible place in the home.</p> <p>In the event of the patient leaving the home it may be advisable a copy of the form accompanies them.</p> <p>A faxed or scanned copy of the DNA-CPR form must be forwarded to NWAS using the details highlighted at the bottom of the DNA-CPR form.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Medical Notes</p>	<p>The GP recording the decision is responsible for documenting the DNA-CPR decision in the medical notes.</p> <p>If applicable all documentation pertaining to the DNA-CPR decision should state clearly what was discussed and agreed with the patient or if applicable a Lasting Power of Attorney (LPA) for health and welfare.</p>

NOTIFICATION TO OTHER SERVICES	<p>The GP recording the decision is responsible for informing other services involved in the patient's care, within no longer than 24 hours of the decision being made, and ensuring this information has been received and documented accordingly.</p> <ul style="list-style-type: none"> - North West Ambulance Service by sending a scanned copy to nwasnt.EOLCCMM@nhs.net alternatively Fax to 0151-261-2666 - District nursing services - Macmillan Nurses - Out of Hours nursing <u>and</u> GP services - Care Home staff (where appropriate) <p>All Services receiving notification of a DNA-CPR decision for a patient under their care, are responsible for clearly documenting and communicating this decision in a way that ensures all team members are aware.</p>
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REVIEW OF DNA-CPR	<p>In order to remain valid, the DNA-CPR decision must be reviewed as per review date noted on the form. If the review date is no longer valid healthcare professionals would be obliged to carry out CPR.</p> <p>The frequency of review is the clinical decision of the GP. Review is indicated if there is any significant change in the patient's condition or if medical responsibility for the patient changes.</p> <p>The review date of a DNA-CPR decision should be carefully considered as this has serious implications for keeping other services informed. Where patients are on the Gold Standard Framework register because they are thought to be in the last year of life, then it may be decided that a review date is not necessary in which case the wording 'No further review required' should be entered onto the form.</p> <p>Whenever the decision is reviewed and the instruction changed the details of the decision and discussion should be recorded in the medical record at the patient's GP Practice and communicated to all who need to know within no longer than 24 hours, e.g.: North West Ambulance Service, Community Services, Macmillan, Out of Hours Nursing and GP services.</p>
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CHANGE OF CARE SETTING	<p>If a patient with a valid DNA-CPR decision is transferred to a Care Home as long as the GP remains the same the DNA-CPR decision still stands. In cases where the GP changes with the change of care setting, the new GP becomes responsible for the patient's care and therefore their DNA-CPR decision.</p>
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CANCELLING THE DNA-CPR	<p>If the decision is cancelled, in order to void the decision, the DNA-CPR form should be crossed through with 2 diagonal lines in black ballpoint ink and “VOID” written clearly between them.</p> <p>The date, name and signature of the GP cancelling the DNA-CPR decision must also be clearly documented. The form should then be removed from the front of the patient’s medical records and filed chronologically with the medical notes.</p> <p>It is vital that all services involved are informed of the cancellation of this DNA-CPR decision within no longer than 24 hours.</p>
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DEATH OF THE PATIENT	<p>If the person with a DNA-CPR decision dies then the bottom section of the form should be completed and faxed or emailed through to NWS using the contact details detailed on the bottom of the DNA-CPR form and also detailed under the notification to other services section of these guidelines.</p>
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