

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Children less than 16 years of age

DNACPRpaed.2015)

Name _____
Address _____
Date of birth _____
NHS number _____

Date of DNACPR decision:

/ /

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

1	1a. Does the child have capacity to make and communicate decisions about CPR? If "YES" go to 1b. If "NO" go to 1c.	<input type="text" value="YES / NO"/>
	1b. Has the child been involved in the decision-making process? Now go to 1c.	<input type="text" value="YES / NO"/>
	1c. Have the child's parents (or those holding legal parental responsibility) been consulted and agreed to the application of this decision? If "YES" go to box 2.	<input type="text" value="YES / NO"/>
	1d. Has a Court made an order in respect of this decision? If "YES" go to 1e.	<input type="text" value="YES / NO"/>
If the answers to both 1c and 1d are "NO", legal advice <u>must</u> be taken before proceeding. All other decisions must be made in the child's best interests and comply with current law.		
	1e. Date, time, location and name of Judge/Court making order:	

2	Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the child's best interests:

3	Summary of communication with child. If this decision has not been discussed with the child state the reason why:

4	Name of person(s) holding parental responsibility and summary of communication with them:

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

6	Healthcare professional recording this DNACPR decision:		
	Name _____	Position _____	
	Signature _____	Date _____	Time _____

7	Review and endorsement by most senior health professional:		
	Signature _____	Name _____	Date _____
	Review date (if appropriate): <input style="width: 150px;" type="text"/>		
	Signature _____	Name _____	Date _____

SAMPLE - DO NOT USE

Paediatric DNACPR Guidance Notes



Resuscitation Council (UK)

**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 recording the decision must be recorded.
- This decision will be regarded as "INDEFINITE" unless it is clearly cancelled or a definite review date is specified.
- The decision should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare setting to another, admitted from home or discharged home.
- 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 decision.

1. **Child's capacity: Parental responsibility and decisions**
 - Record the assessment (using Fraser guidelines) of the child's capacity in the clinical notes.
 - If the child is noted to have capacity but not included in the decision process a detailed, reasoned explanation for that should be included in the clinical notes and summarised in section 3.
 - Record all discussions with those holding parental responsibility in the notes. Document all action points discussed with a clear indication of the absence or presence of parental agreement. Any disagreements that cannot be resolved should be discussed with your Trust's legal department for advice before recording a DNACPR decision.
 - Record all communications with the courts.
 - The date, time and name of the Court must be recorded in section 1e where the Court has been involved or made a formal ruling on the application of this decision. A copy of the Court order should be filed in the patient's health record.
2. **Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the child's best interests**
Be as specific as possible.
3. **Summary of communication with child...**
If this decision was not discussed with a child with capacity summarise the reason why this was inappropriate (Full detail should be recorded in the clinical notes). Otherwise state clearly what was discussed and agreed.
4. **Summary of communication with persons holding parental responsibility**
Whether or not the child has capacity their legal guardians (i.e. persons with parental responsibility) must be consulted. If the child has capacity and has been consulted great care must be taken to ensure that discussions do not compromise the clinician-child relationship. If the child and their guardians are not in agreement a legal opinion should be sought.
State the names and relationships of guardians 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 DNACPR decision has been communicated to all relevant members of the healthcare team.
6. **Healthcare professional recording this DNACPR decision**
This will vary according to circumstances and local arrangements. In general this should be the most senior healthcare professional immediately available.
7. **Review / endorsement ...**
The decision should be discussed with and endorsed by the most senior healthcare professional responsible for the child's care at the earliest opportunity. Further endorsement should be signed whenever the decision is reviewed. A fixed review date is not recommended. Review should occur whenever circumstances change.