

Policy/Procedure/Guidelines**Do Not Attempt Resuscitation Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance
& Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 6 months**Identifiable Document Code:** PTUK003**Last Review:** April 2020**Next Review:** October 2020

POLICY AWARENESS	
People who need to know this policy in detail	All Vehicle Crew Staff, control room staff, trainers and managers.
People who need to have a broad understanding of this policy	All staff
People who need to know this policy exists	All staff

CHANGE CONTROL DETAILS			
Date Dd/mm/yy	Version	Description	Reason for changes
April 2016	1	New policy	

Policy location:Main Policy Folder in Control Room and Crew Room
On PTUK Server

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1.0 Introduction

- 1.1 It is not uncommon for PTUK to be requested to transport a patient who has a Do Not Attempt Resuscitation (DNAR) or Do Not Attempt CPR order in place.
- 1.2 A joint statement from the British Medical Association, The Resuscitation Council (UK) and the Royal College of Nursing published in March 2001 refers specifically to DNAR orders. Within this statement it states that “DNAR decisions should be effectively communicated to other people with responsibility for the patient’s care, **including ambulance staff**”.
- 1.3 Ambulance personnel during the management and transportation of patients have a responsibility for the continuation of patient care. This would include do not attempt resuscitation decisions if they had been put in place by a hospital prior to discharge or transfer of the patient or by a General Practitioner prior to the admission of a patient.
- 1.4 It must be understood **that the ambulance service cannot make DNAR decisions**. Such decisions can only be made by the responsible clinician in charge of the patient’s care. This would be the Consultant, Specialist Registrar or the General Practitioner. DNAR decisions will have been made following appropriate discussion and consultation with the patient and in most cases the patients family / next of kin. This process will have taken place following full consideration of the patient’s condition.

2.0 Purpose

- 2.1 This policy sets out guidance and instruction to PTUK crews on the handling of DNAR instructions, the handover of patients with a DNAR order in place, and the management of such patients in the case of a cardiac arrest.

3.0 Duties

- 3.1 It is the responsibility of staff handing a patient over to the ambulance crew to ensure that any DNAR decision is conveyed to the crew and that relevant documentation is handed over to the crew with the patient.

4.0 Duties within the Organisation

- 4.1 The Clinical Governance and Risk Board are responsible for ensuring this policy is reviewed every 2 years
- 4.2 The Directors of PTUK are responsible for monitoring the effectiveness of this policy, and for ensuring procedures are followed in accordance with this policy.
- 4.3 All operational staff are responsible for ensuring compliance with this policy
- 4.4 The Clinical Lead is responsible for monitoring national guidelines regarding DNAR/DNACPR and reporting to the Clinical Governance and Risk Board.

- 4.5 The Caldicott Guardian is responsible for the safe and secure storage and disposal of any DNAR orders which come back to the company.

5.0 Consultation and Communication with Stakeholders

- 5.1 This policy will be disseminated to operational staff as a clinical update and will be placed on the server for reference. A copy will be held in the crew room and in the PTUK Control Room.

6.0 Definitions

- 6.1 Cardiopulmonary resuscitation (CPR). Interventions delivered with the intention of restarting the heart and breathing. These will include chest compressions and ventilations and may include attempted defibrillation and the administration of drugs.
- 6.2 Cardiac Arrest is the sudden cessation of mechanical cardiac activity, confirmed by the absence of a detectable pulse, unresponsiveness and apnoea or agonal gasping respiration.
- 6.3 Do Not Attempt Resuscitation (DNAR) often also called Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) refers to not making efforts to restart the heart and/or breathing in cases of cardiac or cardiopulmonary arrest.

7.0 DNAR/DNACPR Procedure

- 7.1 Ambulance staff must view any DNAR order that is appropriate to any patients that are being conveyed by the company. Ambulance staff should read the order and be satisfied with the terms and validity of the notice. Things to look for are under what circumstances the order covers, is it for all reasons or is it just for certain conditions.
- 7.2 In law, there is no automatic statutory expiry time on DNAR orders, however, in terms of good clinical practice a DNAR decision should be kept under review (See appendices A & B). Whilst not compulsory, an expiry date is inserted on most DNAR formats as a safeguard against review being overlooked. From a legal perspective, a patient with a time expired DNAR should be treated exactly the same as a patient with no DNAR. However in that situation some staff with the appropriate training, experience and authority to make decisions may be able themselves to make a rapid assessment and decision not to start CPR, if they can satisfy themselves that the DNAR decision was in fact still appropriate, despite expiry of the written instruction. (Advice from Dr. David Pitcher, Vice Chairman, Resuscitation council UK). If hospital staff verbally handed over the patient as having a DNAR in place, this could weight the decision that the DNAR is still appropriate.
- 7.3 In the event of a cardiac arrest occurring on a patient with a valid DNAR in place, the crew should make the patient as comfortable as possible, preserving dignity of the patient on their last moments of life.

- 7.4 The crew will contact control staff and inform them of the situation, including any expressed wishes of accompanying family on where to convey the body. If no distress is caused, then the body should be returned to the originating site.
- 7.5 PTUK Control staff will inform the originating establishment of the Patient's death and seek instruction on where the body is to be conveyed to, and what actions should be taken. Arrangements in the event of death can sometimes be agreed by the crew before leaving the establishment.
- 7.6 If the Cardiac Arrest is due to a condition not covered by the DNAR order then the crew should make every attempt to preserve the patient's life (including resuscitation & defibrillation). These conditions could be choking, anaphylaxis or a blocked tracheotomy tube.
- 7.7 If the crew decide to attempt resuscitation against the wishes of the patient (contrary to a DNAR notice or advance direction) this could be deemed as a breach of the patient's human rights as covered by the Human Rights Act.
- 7.8 The family of a patient who has a valid DNAR order cannot override the order for any reason.
- 7.9 It is recommended that the DNAR order should travel with the patient whenever possible and appropriate and should be recognised and accepted by all healthcare services (RCUK 2009). If healthcare organisations require copies of the DNAR order for audit or records purposes it is recommended that each form is available in duplicate or triplicate with non-carbon copies that are a different colour and that have different printed wording to reflect their purpose, so that only the original (top) copy can be identified as a DNAR order. Copying the original is discouraged as in the event of the order being cancelled, the original form may be cancelled but a copy may be overlooked and acted upon in error.

8.0 Equality Impact Assessment

This policy embraces Diversity, Dignity and inclusion in line with Human Rights guidance. PTUK staff recognise, acknowledge and value difference across all people. We will treat every person with respect, courtesy and with consideration for their individual backgrounds. We will ensure that everyone is treated fairly and that we convey equality of opportunity in service delivery and employment practice.

9.0 References

- The Resuscitation Council (UK): Recommended standards for recording "Do not attempt resuscitation" (DNAR) decisions 2009)
- Decisions relating to Cardiopulmonary Resuscitation, A Joint Statement from the British Medical Association, the Resuscitation Council (UK), and the Royal College of Nursing (October 2007, updated November 2007).

- Decisions Relating to Cardiopulmonary Resuscitation
- JRCALC UK Ambulance Services Clinical Practice Guidelines 2013

10.0 Appendices

Appendix A

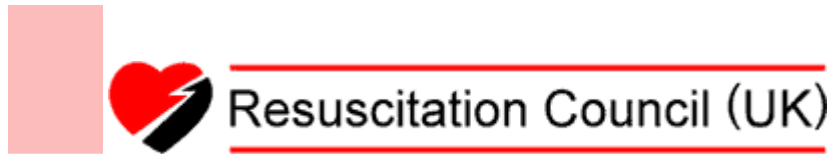
Appendix B

Appendix C

Appendix D

Appendix E

Appendix A - Resuscitation Council (UK) Recommended standards for recording "Do not attempt resuscitation" (DNAR) decisions.



Recommended standards for recording "Do not attempt resuscitation" (DNAR) decisions

These guidance notes have been produced to help healthcare workers and organisations to achieve uniformly high standards in making DNAR decisions and in ensuring that all relevant aspects of these decisions are recorded and communicated to others effectively. They are not intended to be a comprehensive guide to decisions about cardiopulmonary resuscitation (see ["Decisions Relating to Cardiopulmonary Resuscitation"](#). A Joint Statement by the British Medical Association, Resuscitation Council (UK) and the Royal College of Nursing" 2007 and "Withholding or Withdrawing Life Sustaining Treatment in Children: A Framework for Practice, Second Edition". Royal College of Paediatrics and Child Health, 2004).

Whilst identifying minimum requirements for good practice in recording DNAR decisions, the Resuscitation Council (UK) recognises that there may be some minor variation in the documentation requirements according to local circumstances. Two model DNAR forms have been provided for illustration, one for adult and one for paediatric use, and may be adapted to meet local needs by individual healthcare organisations. DNAR decisions may apply and be made in a variety of settings including hospitals, patients' homes, nursing homes, hospices, and during transfer between these settings. Because of differences in the law, in particular regarding capacity, these forms have been prepared for use in England and Wales in the first instance. Minor modification will be needed to allow use of a similar design of form in Scotland and in Northern Ireland.

These notes refer only to DNAR decisions and it is emphasised that those decisions apply only to attempted cardiopulmonary resuscitation and do not imply that any other aspect of treatment will not be provided.

As an integral part of their resuscitation policy, all healthcare organisations should therefore ensure:

Effective recording of DNAR decisions in a form that is recognised by all those involved in the care of the patient.

Effective communication and explanation of DNAR decisions where appropriate with the patient.

Effective communication and explanation of DNAR decisions where appropriate and with due respect for confidentiality with the patient's family, friends, other carers or other representatives.

Effective communication of **DNAR decisions between all healthcare workers and organisations involved with the patient.**

To facilitate this and to facilitate audit it is recommended that DNAR decisions are recorded on a standard form. The two suggested models (adult and paediatric) are provided below. Each

form has a set of guidance notes to assist with completion. These could be printed on the reverse of the form or on a sheet that accompanies each form.

Each model form includes a solid red border around its edges. This is to allow it to be recognised easily and located rapidly in a patient's health record. If the form is printed using a laser printer the red border may not extend to the edges of the paper.

It is recommended that the DNAR order should travel with the patient whenever possible and appropriate and should be recognised and accepted by all healthcare services. If healthcare organisations require copies of the DNAR order for audit or records purposes it is recommended that each form is available in duplicate or triplicate with non-carbon copies that are a different colour and that have different printed wording to reflect their purpose, so that only the original (top) copy can be identified as a DNAR order.

Appendix B - Sample DNAR Form

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

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?
If "YES" go to box 2

YES / NO

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

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:

Healthcare professional completing this DNAR order:

6 Name _____ Position _____

Signature _____ Date _____ Time _____

Review and endorsement by most senior health professional:

7 Signature _____ Name _____ Date _____

Review date (if appropriate) _____

Signature _____ Name _____ Date _____

Signature _____ Name _____ Date _____

The Council published a model DNAR (=DNACPR) form and some guidance notes on standards for recording DNAR decisions. These are available on our website at <http://www.resus.org.uk/pages/dnarrstd.htm>. As you will see, the wording of one paragraph addresses your first and third questions:

“It is recommended that the DNAR order should travel with the patient whenever possible and appropriate and should be recognised and accepted by all healthcare services. If healthcare organisations require copies of the DNAR order for audit or records purposes it is recommended that each form is available in duplicate or triplicate with non-carbon copies that are a different colour and that have different printed wording to reflect their purpose, so that only the original (top) copy can be identified as a DNAR order.”

Regarding your first question, it is clearly the responsibility of any healthcare professional to satisfy him/herself that a DNAR decision is valid and current. Whether he/she is actually “in possession” of the written order at any one moment is less important than the current validity of the decision. In reality, the principles of good communication that we have encouraged will dictate that this is best achieved by handing over a written DNAR order. The content of the model form was intended to make it easy for anyone seeing the form to check the basis on which the decision had been made and satisfy themselves that it was valid and still current.

When developing the form we discussed carefully the choice between having a model form that should, whenever possible and appropriate, travel with the patient, and having a separate “transfer form” that would act as a temporary DNAR order during transfer of the patient from one setting to another. Based on these discussions, on feedback during public consultation, and on legal guidance, we achieved clear agreement that the more practical and more appropriate approach is for the original form to travel with the patient.

When we were developing the model form it was our strong view that copying the form should be discouraged, the danger being that in the event of the order being cancelled, the original form may be cancelled but a copy may be overlooked and acted upon in error.

The question of review dates and automatic expiry of DNAR decisions probably polarised opinion more than any other aspect of DNAR decision recording. In terms of good clinical practice the gold standard should be that a DNAR decision is kept under constant review and in particular is reviewed whenever there is a change in the clinical state of the patient or whenever review is requested by the patient or those close to them or any member of the healthcare team. Some people were concerned that this level of good practice was not achievable and that having an automatic expiry/review date on the form would act as a safety net in those circumstances. However there is a danger that such arrangements discourage achievement of the gold standard, so that review is only made when the form expires, and a real danger that formal review will not take place and that many patients for whom CPR would not be appropriate will be left with a time-expired form, creating just the difficulty that you have referred to: when cardiac arrest occurs and the healthcare providers in attendance are faced with having to make a decision as to whether or not to start CPR. From a legal perspective I suspect that a patient with a time-expired DNAR order should be treated exactly the same as a patient with a cancelled DNAR order or a patient with no DNAR order. However

in that situation some healthcare providers with the appropriate training, experience and authority to make decisions may be able themselves to make a rapid assessment and decision not to start CPR, if they can satisfy themselves that the DNAR decision was in fact still appropriate, despite expiry of the written instruction. In the end, the consensus decision was for the model form to accommodate a review date "if appropriate" for those who wanted to use it.

I hope that these comments are of some help to you. There is currently some work going on at a national level, led by Dr Rob George at Guy's Hospital, to try to ensure that the DNAR policies and procedures of each healthcare organisation/Trust, including Hospitals, Primary Care, Hospices, Ambulance Services etc, are recognised and accepted by the other organisations likely to be involved in the care of any one patient. Hopefully this will lead to greater clarity on each of the important concerns that you have raised.

Kind regards.

David

David Pitcher

***Consultant Cardiologist
Worcestershire Acute Hospitals NHS Trust***

***Honorary Consultant Cardiologist
University Hospitals Birmingham NHS Foundation Trust***

***Vice Chairman
Resuscitation Council (UK)***

Appendix D - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Chairperson of the Clinical Governance and Risk Board, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix E - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?		
	Are people involved in the development identified?	Yes	CG&RB meetings
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	CG&RB meetings
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	Resuscitation Council
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	Email staff
	Does the plan include the necessary training/support to ensure compliance?	Unsure	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Unsure	
	Is there a plan to review or audit compliance with the document?	Yes	Internal Audit
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?		CG&RB

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	11.04.2020
Signature			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	11.04.2020
Signature			