

PRIMARY CARE 10 TOP TIPS

DNACPR

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- 1** DNACPR means Do Not Attempt Cardiopulmonary Resuscitation and is a better term than DNAR (Do Not Attempt Resuscitation) because it is more specific and causes less confusion, the latter can be misinterpreted as 'do nothing'.
- 2** Consider when to make DNACPR decisions including when a patient with capacity refuses CPR (or there is a valid advanced refusal of treatment), or when CPR is considered unlikely to be effective because the patient is dying from an irreversible condition.
- 3** The decision to offer cardiopulmonary resuscitation (CPR) is a clinical one made through conversation with patients and/or their family as appropriate. If CPR will be unsuccessful then you do not need to offer it as an option however, you should explain the goal of allowing natural death with active management of symptoms to maintain comfort and dignity.
- 4** When patients lack capacity, actively involve the family and the patient's legal representative (lasting power of attorney for health) if appointed. If there is no family or legal guardian, an Independent Mental Capacity Advocate (IMCA) can be appointed.
- 5** We must remember to check for the existence of an Advanced Directive to Refuse Treatment (ADRT) before attempting to resuscitate a patient, otherwise resuscitation could be deemed as assault.
- 6** The DNACPR conversation should not be had in isolation. The burdens, benefits and risks of attempting CPR must be considered as part of a wider discussion about the patient's condition, needs and wishes about future quality of life.
- 7** 'Talk early, talk often' – Using Advance Care Planning tools or the Gold Standards Framework can help to introduce the conversation early on. Revisit the discussion as 'the patient's' condition or wishes change.
- 8** Communicating DNACPR decisions and ensuring the patient's advance wishes are shared with carers, out of hours services, ambulance services and secondary care is vital. Patient held documents such as the RESPECT document (www.respectprocess.org.uk/) or shared online records such as the 'Co-ordinate My Care' Portal (coordinatemycare.co.uk/) should be used to record decisions when possible and shared with the patient's primary care team.
- 9** DNACPR forms in hospital: if a discussion is recorded in a discharge summary from hospital, ensure that a valid community DNACPR form is completed. In some areas DNACPR forms are valid across primary and secondary care.
- 10** It can be difficult to open these discussions; a useful form of words may be 'have you thought about what you would want to happen should you get unwell or if your heart were to stop'.

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