

**SE London CAG Statement of Best Practice**

**Documentation of DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions for people in the out-of-hospital setting for whom a decision has been made that cardiopulmonary resuscitation (CPR) would be inappropriate, unsuccessful, or not in the person's best interests**

We recommend the use of the national DNACPR form for people in the out-of-hospital setting. The form is available here:

<https://www.resus.org.uk/dnacpr/do-not-attempt-cpr-model-forms/>

The form should be printed out in colour, as the red border makes it easier for paramedics and others to locate in an emergency. Healthcare professionals should maintain stocks of the colour version and carry copies when visiting people in the community. If the form can't be printed in colour, a black-and-white version is valid. A photocopy of the document is also valid if the original has been misplaced and is not immediately accessible in a clinical emergency.

For people in their own homes, we recommend filing the form at the front of the community district nursing notes. For nursing home residents we recommend filing it at the front of the clinical notes so that it is easily accessible.

If other DNACPR forms are present (e.g. a copy of a hospital DNACPR form for a person in an out-of-hospital setting) these are also valid until review by the senior responsible clinician. It is good practice for the information to then be transcribed onto the standard national DNACPR form at this point (for people in their own home) or any other DNACPR form required by individual organisations (for people in care homes and hospices, for example).

The completed DNACPR form (or at the very least a photocopy of the form) should be transported with the person it applies to if they are transferred between care settings. This includes transfer between hospitals, care homes, the patient's own home, and hospices. Although the form contains the guidance "Do Not Photocopy", we are in agreement with key stakeholders that photocopies are acceptable in an emergency situation. Examples of transfers between locations include:

- If a care home resident is being transported from the care home to another healthcare setting, the care home staff should provide the DNACPR form to the staff responsible for transporting the resident.
- If a DNACPR form has been completed for a person in a hospital or a hospice, and that person is being discharged into their own home or another healthcare setting, the national DNACPR form should be provided by the team responsible for the discharge so that it can be transported with the person. Individual organisations may choose to discharge patients with copies of the inpatient DNACPR form instead, if that form is accepted by the staff involved in transferring and receiving the patient in the new location.

Discussions and decisions regarding CPR status should also be documented on Coordinate my Care (CmC) so that information is available remotely.

Individual organisations remain responsible for their own processes with regard to documentation of DNACPR decisions. Any clinical queries regarding individuals in the out-of-hospital setting should be directed to the relevant GP/nurse/Consultant as appropriate.