Suffolk DNACPR Good Practice Guidance

1. Why is Good Practice Guidance on DNACPR important?

The Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Good Practice Guidance has been developed for Providers, Managers, Health Practitioners, and Senior Home Care Leads working in Suffolk. Its purpose is to provide guidance on best practice in decision-making regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.

It is important to identify residents who have a life limiting or terminal condition where CPR may not be the right treatment for them. GPs and hospital consultants follow guidance from the Resus Council and also refer to the East of England DNACPR Policy as to when and how to make DNACPR decisions to support individual if/when death occurs, to ensure no loss of dignity.

It is best practice to identify individuals;

- Who do not want CPR attempted, should their heart and breathing stop
- For whom CPR would not be an appropriate treatment from which they would benefit

It is rarely appropriate to discuss DNACPR decisions without considering all other aspects of end of life care. DNACPR is one aspect of advance care planning which can help individuals achieve their wishes for their own end of life care.

2. What is Cardiopulmonary Resuscitation (CPR)?

Cardiopulmonary arrest means that an individual's heart and breathing have stopped. It is sometimes possible to restart their heart and breathing with an emergency treatment called Cardiopulmonary Resuscitation (CPR).

CPR can include some or all of the following;

- Repeatedly pushing down very firmly onto the chest
- Using high voltage electric shocks across the chest to try to restart the heart
- Mouth to mouth breathing, placing a mask over the nose and mouth or a tube into the windpipe to start the breathing
- Injection of drugs

The techniques used to start the heart and breathing can sometimes cause physical side-effects like bruising, burns, broken ribs or punctured lungs.

Despite all best efforts, CPR is not always successful.

CPR success depends on;

- Why the heart and breathing stopped
- The individual's general health condition
- How quickly the heart and breathing can be restarted again

Individuals who are revived using CPR can still be very unwell.

- Some can make a full recovery
- Some do recover and may have on-going health problems
- Some may never get back to their previous level of physical and/or mental health
- Some individuals may experience brain damage or may go into coma

Where the medical opinion is that CPR is likely to leave the individual severely ill or disabled, *their* opinion is very important in the decision making as to whether CPR remains an appropriate treatment.

3. What is a DNACPR?

- When a decision is made by the individual or Senior Responsible Clinician not to attempt CPR a formal process is commenced to communicate this decision to those close to the individual, the care home and other healthcare professionals.
- DNACPR means 'Do Not Attempt Cardiopulmonary Resuscitation'. DNACPR decisions can be made either by an individual when they do not wish to have CPR or by a medical professional when the individual has a diagnosis for Chronic / Long Term / Advanced / End Stage or Terminal illness or conditions that would possibly not respond favourably to CPR.
- A DNACPR is known as a 'major healthcare and treatment decision' – similar to major surgery.
- **A DNACPR is a medical decision that only applies to CPR**. **All other appropriate medical treatments and care for that the individual can and should still be given.**
- A DNACPR form is a way of sharing this medical decision with other healthcare professionals.

4. Why would a DNACPR be put in place?

A DNACPR would be in place when;

- The individual requests a DNACPR
- DNACPR is stated on the individuals' legal Advance Directive to Refuse Treatment (ADRT)
- The medical decision is that CPR is unlikely to be successful due to the individual's current medical diagnosis, illness, or physical condition
- CPR is likely to result in a length and/or quality of life not acceptable to the individual

5. Who can be a DNACPR decision maker?

The DNACPR decision maker is called a Senior Responsible Clinical (SRC) and is the person who takes overall responsibility for the DNACPR decision and completion of the appropriate documentation.

The Senior Responsible Clinician can be;

- The individuals GP
- Hospital Consultant
- Hospital Senior Specialist Registrar
- A Clinical Nurse Specialist who has completed DNACPR competency training.

6. What information is used to inform a DNACPR decision?

A decision that CPR will not be attempted should be made after careful consideration of all factors relevant to the individual's current situation and after discussion with the individual or their relatives / representative / IMCA for where the person lacks capacity. Information from a number of sources will be gathered to make a DNACPR decision, these may include (not exclusive);

- Medical diagnosis and records (i.e. West Suffolk Hospital - frailty score)
- The likelihood of re-starting the individual's heart and/or breathing for a sustained period
- The level of recovery that can realistically be expected for the individual after successful CPR
- The individual's past and present wishes, feelings, views, values, and beliefs (unless they refuse or are unable to engage in such a discussion)
- The individual's human rights, including the right to life, the right to be free from degrading treatment (which may include the right to a dignified death) and right to respect for a private and family life
- After CPR being successful, the likelihood of the individual experiencing continuing pain or suffering that they would find intolerable or unacceptable

If the individual 'lacks capacity' consider;

- The views regarding DNACPR from the individual / representatives / IMCA
- The views regarding DNACPR from the care staff who support the individual
- The level of awareness that the individual has of their existence and surroundings.

7. Mental Capacity Guiding Principles

If there is doubt regarding an individual's capacity, professionals are required to undertake an in-depth Mental Capacity assessment to establish if the individual has capacity to make a decision regarding having a DNACPR in place.

The Mental Capacity Act (MCA) is designed to;

- Protect individuals **who have capacity** by supporting them to choose to make their own decisions at the time a decision is required to be made and to enable them to plan for a time when they may no longer have the capacity to decide
- Protect individual who may **lack capacity** by providing a framework for assessing their capacity and for making decisions, which places them at the heart of the decision-making process
- Help individuals take part, as much as possible, in making the decisions that affect them
- Support individual by making decisions that are the least restrictive of the available options
- Where staff work in compliance with the Act it provides them with protection from liability

The Act is built on five Statutory Principles – staff must comply with these principles when assessing capacity and making best interests decisions;

- Individuals must be assumed to have capacity to make decisions, unless it can be established that they do not have capacity
- Before concluding that an individual lacks capacity to make a particular decision, it is important to take all possible steps to help them reach a decision themselves
- Individuals who make decisions that others think are unwise should not automatically be labelled as lacking the capacity to make a decision
- Any act done for, or any decision made on behalf of, individuals who lack capacity must be in their best interests
- Any act done for, or any decision made on behalf of, individuals who lack capacity should be the least restrictive of their basic rights and freedoms – as long as it is in their best interests

Essential Practice:

- Consideration of a DNACPR decision and why CPR may not be successful should be explained to the individual. Sharing this information with the individual supports them to make their own important medical decisions.
- **DNACPR is a medical decision that only applies to CPR. All other appropriate medical treatments and care for the individual can and should still be given.**
- A DNACPR decision form can be valid and put in place by a Medical Practitioner even when the individual / family / representatives disagree with the withdrawal of active treatment. There must be clear documentation in place to evidence why this decision was made.

8. Recording Mental Capacity Assessments

It is essential practice for **professionals to carry out a proper assessment of an individual's capacity** to make particular decisions and to **record the findings in the relevant professional records.**

A doctor or healthcare professional proposing consideration of a DNACPR decision should lead/take overall responsibility for an assessment of the individual's capacity to consent (with a multi-disciplinary team, if appropriate). They must ensure a record of the process and final decision regarding capacity for this decision is in the individual's notes and care plan.

The best person to undertake the Mental Capacity Assessment *maybe* a senior practitioner within the Care Home who may know how best to complete the assessment with the individual using the appropriate communication and materials for that particular individual. They may also know the best time to complete the assessment which will support the individual to understand the information and make their own decision regarding DNACPR.

It may be best practice for the senior clinician to advise the staff member undertaking the capacity assessment, on the information that needs to be discussed with the individual to ascertain their capacity to make their own decision regarding DNACPR.

9. Best Interest Decisions

A Best Interest decisions to put in place a DNACPR can only be considered when the individual has been assessed to 'lack capacity' to make this specific decision for themselves. Working out what is in the individual's best interests cannot be based simply on their age, appearance, condition or behaviour. Every effort should be made to encourage and support the individual who lacks capacity to take part in making this specific decision.

A Best Interest Checklist will identify important factors when considering a DNACPR for an individual who lacks capacity. These include;

- The existence of an Advanced Decision to Refuse Treatment (ADRT) – this is also known as an Advanced Directive
- The individual's past and present wishes, feelings, beliefs, and values
- The views of a Lasting Power of Attorney (health & welfare) or Court Appointed Deputy for personal welfare
- The views of other people who are close to the individual
- The views of the individual supported by an Independent Mental Capacity Advocate (IMCA), when the individual does not have family/representatives able to represent their views, wishes, feelings, beliefs and values
- Paid Carers who know the individual well and can contribute to discussions and decisions

Essential Practice:

An Advance Decision to Refuse Treatment (ADRT) is a legal document. A copy, on white paper, should be kept with the DNACPR form in the 'My Care Wishes' folder.

10. Recording Best Interest Decisions

Any Health professional or Senior Responsible Clinician who leads on a DNACPR decision, for an individual who lacks capacity, is responsible for recording information on the process of working out the individual's best interests including;

- The process followed in making the decision in the best interests of the individual
- The identified reasons which led to the decision being made.
- Who was consulted in the best interests' decision making process.
- What particular factors were taken into account and considered during the best interests meeting.

This Best Interest Discussion Record should remain in the individual's file.

Best Practice:

- A copy of the Best Interest discussion record should be held in the 'My Care Wishes' folder with the DNACPR form.

- For major decisions based on the best interests of an individual who lacks capacity, it may also be useful for Lasting Power of Attorney (LPA) for Health & Welfare and Court Appointed Deputy (CAD) for Health & Welfare to keep a similar kind of record.

NB: The Mental Capacity Act 2005 (MCA) is supported by a Code of Practice which provides detailed operational guidance and explains the practical steps that people using the Act need to take into consideration when applying the Act in practice.

All staff are reminded that this Good Practice Guidance is not a substitute for reading the Code of Practice and it should therefore be read in conjunction with the Code.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

11. Who should attend / contribute to the Best Interests Meeting for consideration of a DNACPR decision?

DNACPR Decision Making	
Who may be involved in DNACPR discussions	**Mental Capacity / Lacks Mental Capacity**
Always involved	**Senior Responsible Clinician. This person could be:** • Hospital Consultant – familiar with the individual's condition(s) • GP – the individual's GP who knows the individual and recognises deteriorating changes in the current clinical picture • Clinical Specialist Nurse – with specialist training for DNACPR validation
Always involved	**Healthcare professional / Multidisciplinary Team** • Hospital Consultant – familiar with individual's condition(s) • GP – the individual's current GP • Healthcare professionals – who are currently working with this individual (Physiotherapist, Speech and Language therapist, District nurse etc.)
Always involved	**Individual** • When the discussion will not cause the individual physical or psychological harm and not based on whether they do/do not lack capacity. • when the individual is able to contribute to a DNACPR decision
May be involved	**Relatives / Representatives** • Can attend the meeting only on consent of the individual • If the individual has a Lasting Power of Attorney for health & welfare they must be involved • If the individual has a Court Appointed Deputy for personal welfare they must be involved.
May be involved	**IMCA** • When an individual lacks capacity and does not have any relatives / representatives able to appropriately represent their view, values and beliefs, an IMCA must be involved **Formal / Independent Advocate** • At the request of the individual to support them to state their views, beliefs, wishes, make decisions, and consider choices.
May be involved	**Paid Carer** • Care home staff who have completed training 'Difficult Conversations' with St Nicholas Hospice may start the DNACPR discussion with the individual / relative / representative • When a carer knows the individual will and can support discussions regarding their views, beliefs, wishes and choices.
May be involved	**Befriender** • Highlight the individual's views, beliefs, wishes and choices.

12. How are DNACPR decisions recorded?

Once the decision has been made to complete a DNACPR and the mental capacity assessment and (if the individual lacks capacity), the best interests meeting has been completed, the decision must be recorded on the 'East of England DNACPR form**.** The following information should also be recorded on the DNACPR form:

N.B. All recording of information must be clear and concise to support healthcare professionals in reading the form. Careful consideration should be given to appropriate terms and wording used on the DNACPR Form to ensure this reflects dignified decision making within the individual's end of life care planning. This DNACPR form belongs to the individual and is available to assist decision making regarding the appropriateness of CPR for them in the immediate situation.

Reason for DNACPR Decision

- *CPR is unlikely to be successful:*

Give a clear medical diagnosis and reason why CPR would not be successful for this individual

- *Successful CPR would result in a length and quality of life not in the best interest of the individual because*:

a) The individual medical diagnosis
b) The individual's express wish
c) Advance Directive to Refuse Treatment
d) LPA – CAN decide for the individual, where the appropriate conditions to do so exist
e) The relative / representative / IMCA express this as the individual's wishes, views, beliefs, choice. (*Where DNACPR decision is made on medical grounds because CPR will fail, there should be a presumption in favour of informing the individual of the decision and explaining the reason for it)*
f) The individual does not want to be resuscitated: state discussion content / witnesses / date and time

Record of Decision Discussion

- Individual / Lasting Power of Attorney (Welfare)

<u>Document the following;</u>

a) The content of the discussion
b) Whether the individual was present for the discussion – an explanation as to why the individual was not present (if it would cause physical or psychological harm to the individual).
c) Names of the LPA
d) Relationships of LPA with whom this decision has been discussed
e) Statement that the individual lacks capacity and how this decision was made
f) Content of the discussion

- Relatives / carers / others

Document the following;

a) Names and relationship of relevant others
b) Content of discussion

- Health care team

Document the following

a) Health care team name and role
b) Content of discussion

Is the DNACPR decision indefinite

- Yes: tick the box It would be good practice to record in clinical notes why the decision is indefinite
- No: specify the review date. It would be good practice to record in clinical notes why the decision must be reviewed

Signatures

- The Healthcare Professional is able to complete the form and sign the 'HEALTHCARE PROFESSIONAL COMPLETING THIS DNACPR ORDER'.

- The Senior Responsible Clinician (generally GP) will review the form, approve and witness all previous discussions and sign in the 'REVIEW AND ENDORSEMENT BY SENIOR RESPONSIBLE CLINICIAN' box as soon as possible and within a maximum time of 72 hours (3 days).

13. DNACPR documentation

The 'Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)' decision form is not legally binding. The form should be regarded as the product of a decision making process and a record to guide immediate clinical decision making in the event of an individual's death or cardiopulmonary arrest.

The final decision to apply CPR rests with the healthcare professionals dealing with the individual in the immediate situation.

Once the DNACPR decision has been made it must be recorded;

- On the NHS England approved East of England Adult DNACPR Form
- In the individual's clinical notes both in the Care Home and the medical practitioner's clinical notes
- The DNACPR form must stay with the individual

Additional information to be written in the individual's notes / care records / care plans include;

- Background to the decision
- Reasons for the decision
- Individuals involved in the decision
- When the DNACPR decision is made and there has been no discussion with the individual, the reasons for not discussing the decision.

The Hospital and/or GP surgery should ensure that the DNACPR decision is recorded in;

- The individual's Medical Electronic Problem List
- End of Life Care section of the Summary Care Record.

Photocopy of documents.

All DNACPR forms must have an original signature and not be photocopied (see top right corner of the form).

Document Storage

- DNACPR documents should be stored in the 'My Care Wishes' folder
- 'My Care Wishes' folders are to be held with the individual at all times.
- During ambulance transfer between health and care settings the 'My Care Wishes' must go with the individual

- **What happens when the original DNACPR copy does not come back with the individual?**

a) Request the original copy is returned by the hospital / respite / ambulance crew etc.

b) Keep a copy of the original in the individual's notes **(for reference purposes only)**

c) If the original DNACPR Form cannot be returned, a new form can be completed. This must be signed by the Senior Responsible Clinician. This should be completed by referring to all clinical records evidencing the DNACPR process and decision making. A copy of this DNACPR Form should be stored in the individual's notes along with the original decision-making documentation. The loss of the original DNACPR form does not warrant the whole process having to take place again, unless there is information available to suggest a DNACPR is no longer appropriate.

d) Should the individual's heart and breathing stop and the DNACPR Form is not available, it is good practice to share all relevant information which is kept in the individual's My Care Wishes Folder to support decision making if CPR is appropriate.

The final decision to apply CPR rests with the healthcare professionals dealing with the induvial in the immediate situation.

14. How are DNACPR decisions communicated?

The Senior Responsible Clinician (the medical practitioner) who has signed and agreed the DNACPR has the responsibility to notify the following organisations that a DNACPR is in place;

- Ambulance Services
- Out of Hours GP
- Allied Health
- Community Health

15. Expectations of the acute / emergency services

When a DNACPR is in place for an individual and there is **certainty that their heart and breathing have stopped** it would not be appropriate to request emergency support for CPR however where uncertainty exists emergency assessment and support must be requested.

NB It is necessary to request emergency support if an individual, who has a DNACPR in place presents as acutely unwell.

16. Second Opinions

A second opinion can be requested through the Hospital Consultant or individual's GP, however, a second opinion may not be offered when

- The DNACPR decision has been made with the unanimous agreement of the multi-disciplinary team.

Best Practice – when the individual / relative / representative / IMCA do not accept a DNACPR decision, wherever possible a second opinion will be offered.

17. Where concerns are identified

Where concerns are identified regarding a DNACPR or disagreements exists, every attempt should be made for these to be resolved locally with those involved.

Where this is unable to happen it may be appropriate to contact the CCG for further advice and support IESCCG.Adultsafeguarding@nhs.net NB This is a secure email account.

18. Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

The ReSPECT process is about thinking ahead with patients and looking at realistic care options in a person-centered way.

The process;

- Aims to help individuals understand the care and treatment options that may be available to them in a medical emergency
- Enables individuals to make health professionals aware of their preferences, wishes and feelings
- Should start at diagnosis of long-term or degenerative conditions to give individuals with the capacity to consent, the time and opportunity to make their own decisions about care and treatment with the support of clinical expertise from their GP / Consultant
- Should contain detailed information and care plans that clearly document the care and treatment options agreed for and by individuals
- DNACPR decision-making should form part of the ReSPECT process

For further information and access to the ReSPECT documentation www.respectprocess.org.uk/

Appendix 1

Title	Definition	Purpose in DNACPR information gathering.
Do Not Attempt Cardiopulmonary Resuscitation DNACPR	Synonyms, - Do not attempt resuscitation - allow natural death without interference **<u>All other medical treatment will be considered and continue as appropriate</u>**	Non legal, guidance document that evidences the process and decision making to support clinical decision regarding DNACPR.
Hospital Consultant *Can be a Senior Responsible Clinician*	A senior hospital-based physician or surgeon who has completed all specified specialist training and licensed on a specialist register by a government agency in their chosen speciality.	Leading on/ inclusion in decision making and agreed decision regarding DNACPR.
Senior Specialist Registrar (Senior Person responsible) *Can be a Senior Responsible Clinician*	A Senior Specialist Registrar is a doctor who is working (usually in a hospital) as part of specialty training (working towards consultant in a specific field).	Leading on/inclusion in decision making and agreed decision regarding DNACPR.
General Practitioner *Can be a Senior Responsible Clinician*	A fully registered medical practitioner in the UK who provides general medical services to a particular group of patients or "list", either in partnership with other GPs, as a salaried GP in a group or, less commonly, as a single practitioner. GPs may also provide inpatient care in community hospitals.	Leading on/inclusion in decision making and agreed decision regarding DNACPR.
Healthcare Professional	Individual accredited by a professional body upon completing a course of study, and usually licensed by a government agency, to practice a health related profession such as dentistry, medicine, nursing, occupational health, physical therapy.	Involvement in decision making and agreed decision regarding DNACPR.
Individual	The person for whom the decision for a DNACPR may be put in place.	Involvement in decision making and agreed decision regarding DNACPR.
Advance Directive to Refuse Treatment	Advance Decisions to Refuse Treatment sometimes called a Living Will or Advance Directive. An Advance Decision only comes into effect when individuals can no longer make a decision independently, or can no longer communicate their wishes. For individuals who have capacity they will still be able to make their own decisions.	Used by the Responsible Senior Clinician when making a DNACPR decision.

Lasting Power of Attorney Health & Welfare	A lasting power of attorney (LPA) is a legal document that identifies individuals who will help the person make decisions or make decisions on their behalf when they lack capacity. There are 2 types of LPA: Health and Welfare. Property and Financial Affairs. The LPA involved in DNACPR decision making must be an LPA for health and welfare.	Represent the individual's views, values, beliefs and wishes during the DNACPR decision making process.
Court Appointed Deputy for Personal Welfare	The Court of Protection appoints deputies for Personal Welfare to make continuing decisions about the individual's health and welfare when regular treatment or supervision is needed.	Represent the individual's views, values, beliefs and wishes during the DNACPR decision making process.
Relative	A relative is a person who is part of the individual's family. Parents, siblings, uncles, aunts, grandparents, cousins, nieces & nephews; they're all relatives.	Represent the individual's views, values, beliefs and wishes during the DNACPR decision making process.
Representative	Someone who officially speaks or does something for another person.	Involved in the DNACPR discussion and decision.
Paid Carer	A carer who knows the individual well.	Involved in the DNACPR discussion and decision.
Independent Mental Capacity Advocate (IMCA)	When an individual who lacks capacity has nobody to represent them or no-one that it is appropriate to consult, an IMCA must be instructed in prescribed circumstances. The prescribed circumstance is; • providing, withholding, or stopping serious medical treatment Individuals who are considered to lack capacity and have no appropriate family or friends to consult, are eligible to access an Independent Mental Capacity Advocate (an IMCA) when a decision is being made to; • find out the individual's views, wishes and feelings and involve them in the decision-making process as much as possible • Represent the individual's likely views to those responsible for making decisions about their care and treatment. • Obtain information on behalf of the individual. • Request 2nd opinions or appeal on behalf of the individual if they believe a decision has been made without due consideration being given to their verbal report / written report.	Represent the individual's views, values, beliefs and wishes during the DNACPR decision making process.

	The IMCA will; • be independent of the individual making the decision. • provide support for the individual who lacks capacity • represent the individual without capacity in discussions to work out whether the proposed decision is in their best interests • provide information to help work out what is in the individual's best interests • raise questions or challenge decisions which appear not to be in the best interests of the individual.	
Befriender	Befriending provides companionship for isolated people, the chance to develop a new relationship, and opportunities to participate in social activities.	Where appropriate they should be involved in the DNACPR discussion.

References:

Do Not Attempt Cardiopulmonary Resuscitation [DNACPR] Key Messages for GPs (date unknown)

https://heeoe.hee.nhs.uk/sites/default/files/dnacpr_patient_information_leaflet_generic_-_can_be_used_nationally_produced_by_east_of_england.pdf

https://heeoe.hee.nhs.uk/sites/default/files/dnacpr_policy_-_east_of_england_1.pdf

https://heeoe.hee.nhs.uk/sites/default/files/dnacpr_patient_information_leaflet_generic_-_can_be_used_nationally_produced_by_east_of_england.pdf

https://heeoe.hee.nhs.uk/sites/default/files/2011-03 23_dnacpr_and_how_it_relates_to_mental_capacity_act_mca_leaflet.pdf

https://heeoe.hee.nhs.uk/sites/default/files/nhs_advanced_kidney_disease_planning_for_end_of_life_care_booklet_dnacpr_info_entry_pg_30.pdf

https://www.scie.org.uk/publications/mca/assessing-capacity/