DNAR (DNR or DNACPR) and the Mental Capacity Act 2005

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By the end of this session we will have;

- Identified through the use of Case Studies what aspects are required to be explored when considering DNACPR.

- Clarified what aspects should be considered where it is felt that DNACPR is no longer appropriate.

Explored the purpose of the DNACPR Form and the framework for decision-making.

Established the actions required should questions or concerns exist regarding the process for completing or reviewing a DNCPR Form.
DNAR – Clarification

• A DNAR is a decision made following a process which considers if CPR is an appropriate medical intervention to take place should an individual’s heart and breathing stop.

• A DNAR (Do Not Attempt Resuscitation) form is a document issued and signed by a doctor at the end of the decision making process, which informs the patients’ medical team not to attempt Cardiopulmonary Resuscitation (CPR).

• The form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat each patient – it is also known as a DNR or DNACPR order.

• A DNAR only relates to CPR – if a patient has a DNAR in place they will still be given all other types of treatment for their condition as well as treatment to ensure they are comfortable.
1. Everyone has the **right to respect for his private and family life, his home** and his correspondence.

2. There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society...

Things which form part of your private life include;

- Personal autonomy – the right to make decisions about how you live your life
Donald is aged 75 years and he has lived in the residential care home for the past five years.

Donald has diabetes (type 2), dementia (Stage 3) heart disease and glaucoma. He is known, at times to be both physically and verbally aggressive, to make inappropriate racial comments and on occasions can make unwanted sexual advances on some of the female residents. Although he has a family they no longer want to be involved with his care.

In recent weeks Donald’s health has been observed to be deteriorating.

You are the care home manager; what aspects do you need to consider in relation to DNACPR for Donald?
Aspects to be considered;

DNR – Who should decide?
The information that is to be given to Donald about the DNR
An assessment of capacity – and who should undertake the assessment
If Donald has the capacity to make the decision; it is his decision to make
If Donald doesn’t have the capacity to make the decision – Best Interests
Invitation to the Best Interests Meeting - GP, Donald, care home staff, family (if appropriate) IMCA if family are not able / appropriate.
Robust and transparent recording of the capacity assessment and best interests decision. Recorded by whom, where and when.
Within the capacity assessment – record questions asked and responses received. Assessment to be shared with the doctor and dated.
Aspects to be considered;

Within the best interests decision process identify the options that exist, the pros and cons of each, Donald’s wishes and feelings, values and beliefs, the decision that was reached, how the decision that was reached and if there are any objections.

The DNR Form - Health Care Professional Completing This Form; The most senior health professional in the care home with appropriate skills and knowledge and evidenced competency can be the first signature – If there is not such an employee within the care home – this must be undertaken by the GP or Practice Nurse (if appropriate)

Review and Endorsement by the Responsible Senior Clinician. In the Community, generally the GP, would be the second signature - to review and endorse the decision.
Aspects to be considered;

NB (1) if it was felt that it was in Donald’s best interests not to have a DNR in place and his situation deteriorated – it would be the paramedics decision to determine whether CPR should be introduced. Not having a DNR in place does not mean that a person will receive CPR if their situation deteriorated.

NB (2) The form is the final product of the DNR process – as much information that is provided will assist the paramedics to make the required decision at a time when it is required to be made. With or without a DNAR in place the decision to do CPR or not lies with the clinician who would be providing CPR.

NB (3) Clinicians/Paramedics will not consider the form or the decision on the form if it is a photocopy. If a photocopy of the form template is used – ensure it is recognised as a main copy by having this signed and dated by the RSC. Good Practice Tip: Sign any photocopied form template in blue so that it can clearly be seen to have been signed and dated.

NB (4) The form should say with the person or go with them if they need to go to hospital – and come back with them to the care home.
Hillary is aged 73 years and has been living in the care home for two years.

Hillary has high blood pressure and has a history of chest infections and pneumonia. In addition she has also been struggling with clinical depression and 12 months ago was diagnosed with CA of the pancreas.

You started work as the manager of the care home last week and found a DNACPR for Hillary amongst the papers in her Care Plan. Despite her file stating that Hillary doesn’t have the mental capacity to make the decision, you believe she is able to do so. Having discussed it with her, Hillary and her family object to the DNACPR being in place.

You are the care home manager; what aspects do you need to consider in relation to DNACPR for Hillary?

NB The details provided in this case study are totally fictitious and any similarity to actual persons is purely coincidental.
Aspects to be considered;

Check if Hillary and her husband know the DNR is in place – asap
Where doubt regarding capacity exists – assess her mental capacity
Where Hillary has the mental capacity she can make the decision.
Where Hillary doesn’t have the mental capacity – Best Interests Decision
Consider the type of information to be provided - the time place it is given, who it is given by – to help her make the decision
Consider the use of an advocate to provide / offer support
Involvement of a GP to explore the situation and available options
The purpose of the DNACPR Form

The completion of the DNACPR form is required to;

- demonstrate the evidence that has occurred and to highlight the process that has taken place so to inform and enable the most appropriate decisions to be taken.
A DNACPR Crib Sheet and flowchart is in process of being developed to support staff knowledge, good practice and confidence in relation to the completion of DNACPR Forms for customers in care homes.

This is being produced in partnership with a number of Suffolk Care Homes, the NHS Ipswich and East Suffolk and West Suffolk Clinical Commissioning Groups, Total Voice and Suffolk County Council.

To be launched Mid December 2016
The DNACPR Form

- Is it appropriate to consider a DNACPR for this person?
- Have they got capacity to make this decision? (Evidence to support your decision regarding capacity)
- Are they/their family appropriately involved in this decision making?
- Are the appropriate professionals involved? (GP, IMCA, LPA for health and wellbeing, Senior Nurse, Senior Carer, Consultant)
- Has the DNAR decision been endorsed and signed by the appropriate senior clinician?
- Is the form completed with as much detail as possible to evidence the process followed and the reasons why a DNAR is required?
- Where is the evidence kept to support the DNAR Form? (Care Home Clinical Notes, GP Records etc…)
- Make sure the original form always transfers to other settings with the individual.
For questions or concerns about DNACPR;
Contact: Christine Hodby
Rushbrook House, Paper Mill Lane, Bramford, Ipswich Suffolk IP8 4DE
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For questions or clarification about MCA or DOLS;
Contact Dominic Nasmyth-Miller
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Mental Capacity Act (MCA) resource

Information, guidance, and accredited training for care and health staff to support, protect and empower people who may lack capacity.

New video: Using the Mental Capacity Act
This film explains the key principles of the MCA and how they work in practice. It looks at how the MCA supports everyone to plan for their future, for when they may have impaired capacity.

Introducing the MCA
Why the MCA matters to everyone working in care, health, housing and other sectors.
> At a glance
> Five principles of the MCA
> MCA videos

MCA in practice
Guidance on assessing capacity and supporting decision making
> Assessing capacity
> Decision-making
> Best interests
> Care planning

MCA training
Accredited training, open or tailored courses, plus free learning resources.
> Accredited training
> e-Learning course
> Webinar
> Videos

Training course
Mental Capacity Act 2005 training
Support to understand and comply with the MCA legislation.
> View more: Training courses

News
Using the MCA to protect people’s rights
Blog by SCIE
Nurse shortage?
Develop nursing assistant role
Lessons from HC One’s development programme for senior care workers.
Evaluated by SCIE.
> View more: News

Mental Capacity Act webinar
Mental Capacity and Deprivation of Liberty Safeguards

About Mental Capacity and Deprivation of Liberty Safeguards (DoLS) and advice concerning mental capacity and deprivation of liberty.

All pages in this section

Mental Capacity Act 2005
The Act provides the framework for acting and making decisions on behalf of individuals who lack capacity to make particular decisions for themselves.

Independent Mental Capacity Advocate
This service provides independent safeguards for people lacking capacity to make certain important decisions.

MCA and DOLS training in Suffolk
We provide a number of training courses regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Deprivation of Liberty Safeguards
Information about how people in hospitals or care homes who lack the capacity to consent to certain treatments are protected.

Deprivation of Liberty following the Supreme Court Judgement
Essential reading and guidance for all staff following the Supreme Court ruling 19 March 2014 – P v Cheshire West and Chester Council.