

## STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

<b>Title</b>	<b>Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Forms</b>	<b>Doc. No.</b>	<b>CL054</b>
<b>Scope</b>	<b>Clinical and Operational Directorate</b>		
<b>Purpose</b>	To provide guidance on the procedure for completing and recording Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions in the out-of-hours service.		
<b>Guidelines</b>	<p>DNACPR decisions are usually made by the doctors who have responsibility for their day-to-day care, in conjunction with the patient, their close family, carers or those with Power of Attorney for Health. <b>In very occasional situations, an out-of-hours clinician may have a conversation with a patient and / or those listed above which leads to such a decision in the best interests of the patient. It may be appropriate to communicate such discussions with the patient's GP, with a request to review and process appropriate documentation, however, if it is felt that such a delay would be detrimental to the patient's care it is appropriate to follow this SOP.</b> Such decisions should be recorded on the appropriate form (the unified Do Not Attempt Cardiopulmonary Resuscitation (uDNACPR) form) so that community services have a clear course of action to follow in case of a cardiopulmonary arrest. This document refers to the North West Regional NHS uDNACPR policy and adheres to the guidelines there-in.</p>		
<b>PROCEDURE</b>		<b>RESPONSIBILITY</b>	
<b>1</b>	In normal circumstances, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions will be made by the clinicians with day-to-day responsibility for the ongoing care of the patient. These decisions are shared with PC24 via the Special Patient Note (SPN) system.	GP Practice	
<b>2</b>	In very occasional circumstances, an out-of-hours clinician may have a conversation with a patient and / or their family, carers or those with Power of Attorney for Health which leads to a DNACPR decision in the best interests of the patient. Such decisions should be recorded in both the Adastra records and on the appropriate standard (lilac coloured) uDNACPR form. An assessment should be undertaken during a visit to the patient, exceptions to this are only expected to occur on rare occasions and the reasoning, for exception, must be fully documented. This process should not be undertaken by either a GP in training or a GP working solely at a UCC, in such situation the case should be referred to the shift manager so that it can be directed to a more appropriate clinician.	Primary Care 24 Clinician	

3	The uDNACPR forms is kept in the doctor's paperwork file in the visiting bags. The medicines management team will be responsible for ensuring the forms are available and replaced when used. It is not anticipated that such decisions will be made relating to ambulant patients attending the Urgent Care Centres so forms will not be available at Urgent Care Centres.	Primary Care 24 Medicines Management Team
4	If an uDNACPR form is completed, the clinician must inform the Shift Manager, so that a Special Patient Note can be entered by the Shift Manager in real time on the system. The Shift Manager will note the case reference in the shift report so that the Head off Service – Call Centre is aware of the case, emails the Medical Director with the details (date of issue and Adastra number) and keeps a spreadsheet of this detail.	Primary Care 24 Clinician / Shift Manager
5	The next week day morning the Shift Manager on duty will ensure that the patient's GP practice is informed of the case and sent a copy of the uDNACPR form. A request will be made to the GP practice for the form completion to be reviewed by their own team to validate the decision with access to both the full records and their own knowledge of the patient. The medicines management team are to be informed of the need to replace the form in the paperwork file.	Primary Care 24 Shift Manager
6	Medical Director (or deputised to appropriate Clinical Lead) to review each case and feedback result to Head of Service – Call Centre. The MD/CL reviewing the case is to report the case on Datix if the review concludes that the SOP was not followed appropriately.	Medical Director

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Version	V6			
Supersedes	V5			
Approving Managers/Committee	Head of Service/Medical Director			
Date Ratified	21/09/2017			
Department of Originator	Integrated Urgent Care			
Responsible Executive Director	Director of Service Delivery			
Responsible Manager/Support	Head of Service			
Date Issued	21/09/2017			
Next Review Date	30 June 2024			
Target Audience	Clinical and Operational Teams			

  

Version	Date	Control Reason	Accountable Person for this Version
V1	21/09/2017	New SOP	Head of Service/Medical Lead
V2	07/05/2019	Updated as required	Head of Service
V3	19/02/2021	Updated as required	Service Manger
V4	23/12/2021	Updated as required	Clinical Lead Liverpool
V5	01/06/2022	Updated as required	Interim Medical Director
V6	13/06/2022	Updated review date and wording of 6	Interim Medical Director

  

Reference documents	Electronic Locations	Locations for Hard Copies
	Primary Care 24 Intranet / Corporate Policies/ Current SOPS/ .....	Standard Operating Procedures File in the Call Centre.

  

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