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## **Temporary Guidance re DNAR Forms (Do Not Attempt Resuscitation)**

Further guidance from Dr Mike Holmes Clinical Lead

### **Background Information**

1. DNAR forms are necessary if YAS are not to send unnecessary ambulances to patients who are not for resuscitation
2. Certain algorithm responses (known to the call handlers) given when a request is made to access an OOH Dr to contact a patient can initiate an emergency ambulance instead of a GP call back. Only if a DNAR form is held at the patient's house can this be overridden.
3. GPs should issue DNAR forms in working hours after consultation with the patient and/or the relatives or carers. This is a separate issue from the need to inform OOH about terminally ill patients or others with "special notes".
4. YAS only recognise their own agreed DNAR form although a universal form is in development and will be available soon
5. Ordinarily OOH doctors should not have to take on the responsibility of issuing DNAR directives.
6. If a DNAR form is not in place and after assessment it is deemed appropriate then the OOH GP can put a DNAR orde in place.

### **Recommended Practice**

7. Dr Holmes and YAS team leaders have agreed an interim measure whereby OOH doctors can complete DNAR forms after appropriate discussion with carers/ relatives and possibly also with



## Annex H1

the patient where appropriate. The directive will be formalised with the patient's own GP on the next working day.

8. The forms are to be kept in each car and at the PCCs
9. The DNAR form is to be left at the patient's address.
10. The carer is to be told that they should inform the call handler that a DNAR form is available if they have to ring for OOH help
11. If the form is completed OOH the call handlers must be notified in writing (ie fax the forms to the call handlers). If a form is not available for whatever reason the order can be put in place by informing the call handlers in writing.

<b>DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION</b> Yorkshire & Humber SHA Form for Adults aged 16 and over <span style="float: right; font-size: small;">Version 3 May 2010</span>				
<b>In the event of cardiac or respiratory arrest NO attempts at cardio-pulmonary resuscitation (CPR) will be made. All other active treatment should be given.</b>				
NHS No	Hospital No	Next of Kin/Emergency Contact		
Name		Relationship		
Address	Date of Birth	Tel Number		
Postcode				
Section 1 Select as appropriate from A - D (see reverse)				
A. <input type="checkbox"/> CPR would be inappropriate or unsuccessful because of the following conditions: ..... Discussion with the patient / relevant others is not compulsory in this situation but it is good practice to explain why CPR will not be attempted unless doing so would cause unnecessary distress. This <u>has</u> been discussed with the patient <input type="checkbox"/> This <u>has not</u> been discussed with the patient because it would cause unnecessary distress <input type="checkbox"/> This <u>has</u> been discussed with ..... (name) Relationship to patient:..... This <u>has not</u> been discussed with any relevant others <input type="checkbox"/> <p style="text-align: center; font-size: small;"><i>Record details of discussions in the patient's notes</i></p>				
B. <input type="checkbox"/> The outcome of CPR would be a length and quality of life which would not be of overall benefit to the patient. This <u>must have</u> been discussed with the patient and/or relevant others. <i>Record details in the patient's notes.</i>				
C. <input type="checkbox"/> CPR is against the wishes of the patient who has mental capacity to make the decision				
D. <input type="checkbox"/> CPR is against the wishes of the patient as recorded in a valid advance decision				
Section 2 Healthcare professionals completing DNA CPR form (see reverse)				
Name & Designation		Name & Designation (Counter Signature)		
Organisation		Organisation		
Signature	Date	Signature	Date	
Section 3 Review of DNA CPR decision (if appropriate)				
This order is to be reviewed by:		Date: .....		
Review Date	Full Name and Designation	Signature	Still applies	Next Review Date
			<input type="checkbox"/> (tick)	
			<input type="checkbox"/> (tick)	
<b>AMBULANCE CREW INSTRUCTIONS</b>				
In the event of a Cardio-Pulmonary Arrest, please do not attempt CPR or defibrillation for this patient. All other active treatment should be given. Any other specific instructions:..... .....				