QUICK REFERENCE GUIDE TO MAKING AN ANTICIPATORY DNACPR DECISION FOR ADULT PATIENTS

Is cardiac or respiratory arrest a clear possibility in the circumstances of this person?

- **NO**

Is there a realistic chance that CPR could be successful?

- **NO**

- **YES**

Does the person lack capacity?

- **YES**

- **NO**

Are the potential risks and burdens of CPR considered to be greater than the likely benefit of CPR?

- **NO**

- **YES**

CPR should be attempted unless the individual has capacity and states that they would not want CPR attempted.

If there is no reason to believe that the individual is likely to have a cardiac or respiratory arrest it is not necessary to initiate discussion with them (or those close to person who lacks capacity) about CPR. If, however, the individual wishes to discuss CPR this should be respected.

When a DNACPR decision is made on these clear clinical grounds, it is not appropriate to ask the person’s wishes about CPR, but careful consideration should be given as to whether to inform them of the DNACPR decision.

If a second opinion is requested, this should be respected, whenever possible.

Do they have a valid and applicable ADRT, if so this must be respected.

If no, a decision will be made on the basis of best interests. Decision makers have a legal duty to consult with those close to the individual who lacks capacity.

When there is only a very small chance of success and there are questions as to whether the burdens outweigh the benefits of attempting CPR, the involvement of the individual (or if the person lacks mental capacity those close to him / her) in making the decision is crucial. When the individual has mental capacity their own view should guide the decision making.

Adapted from: Decisions relating to cardiopulmonary resuscitation. A joint statement from the British Medical association, the Resuscitation Council (UK) and the Royal College of Nursing. October 2007.