Patient name: _____

Should the team attempt cardiopulmonary resuscitation in the event of a cardiac arrest? YES NO

Has cardiopulmonary resuscitation been discussed with this patient? YES NO

Signature: _____ Designation: _____

Printed name: _____ Date: _____

PLEASE:

1. DEMONSTRATE YOUR CAREFUL INDIVIDUALISED CONSIDERATION OF THIS MATTER BY COMPLETING THE INFORMATION OVERLEAF.
2 DESTROY THIS SHEET AND REPLACE IT WITH A NEW ONE IF THE DECISION CHANGES.

COMMENTS (Please date and sign)

N.B.

1. "Where no explicit decision has been made in advance there should be a presumption in favour of CPR."[1]
2. "The overall clinical responsibility for decisions about CPR, including DNAR decisions, rests with the most senior clinician in charge of the patient's care as defined by local policy."[1]
3. "Clinicians should document the reason why a patient has not been informed of a DNAR order if the decision is made not to inform the patient. Clinicians may be asked to justify their decision." [1] (Completion of the information overleaf should satisfy that requirement).
4. "A Do Not Attempt resuscitation (DNAR) decision does not override clinical judgement in the unlikely event of a reversible cause of the patient's respiratory or cardiac arrest that does not match the circumstances envisaged." [1]

1. Decisions relating to cardiopulmonary resuscitation. A joint statement from the BMA, Resuscitation Council UK and the RCN (October 2007)

Does this patient have an identifiable risk factor for cardiac arrest?
("It is not necessary to initiate a discussion about CPR with a patient if there is no reason to believe that a patient is likely to suffer a cardiorespiratory arrest"[1]).

	Yes	No
Previous cardiac arrest		
Previous myocardial infarction (75% sudden cardiac deaths have a previous history of myocardial infarction)		
Coronary artery disease (80% sudden cardiac deaths have a history of coronary artery disease)		
Cardiac failure (This increases the risk of cardiac arrest 6- to 9-fold)		
A known cardiac defect that increases the risk of cardiac arrest (e.g. WPW syndrome; long QT syndrome; dilated cardiomyopathy; valvular heart disease).		
Recreational drug use.		
Hypoxia risk (e.g. severe asthma; endotracheal tube that could block; choking attacks)		
Stroke		

How successful is cardiopulmonary resuscitation likely to be in this patient?
("If the clinical team believes that CPR will not restart the heart and maintain breathing, it should not be offered or attempted." [1])

	Yes	No
Is it too early in this patient's illness trajectory to describe them as terminally ill?[2]		
Is there a reasonable chance of CPR re-establishing cardiopulmonary function in this patient in the event of a cardiac arrest? [2]		
If CPR were successful in this patient, would it probably result in a quality of life acceptable to the patient? [2]		

Would you personally consider it clinically appropriate to perform cardiopulmonary resuscitation?
"Neither patients, nor those close to them, can demand treatment that is clinically inappropriate. [1]"

	Yes	No
Having considered the risk factors for cardiac arrest, the likelihood of success if CPR were performed, and the likely quality of life if CPR were successful, is it your professional opinion that cardiopulmonary resuscitation is a procedure that you would be prepared to undertake in the event of a cardiac arrest in this particular patient?		

Has the patient expressed a wish regarding CPR?
"When a clinical decision is made that CPR should not be attempted because it will not be successful, and the patient has not expressed a wish to discuss CPR, it is not necessary or appropriate to initiate discussion with the patient to explore their wishes regarding CPR. [1]"

	Yes	No
Has this patient, if competent to do so, expressed a wish to receive cardiopulmonary resuscitation?		

Things to consider if the patient definitely wants cardiopulmonary resuscitation

	Yes	No
If the wish to receive CPR seems clinically appropriate to the clinical team, has the option of transfer to a hospital been discussed with the patient, where the chance of a successful intervention might be heightened?		
If the wish to receive CPR seems clinically inappropriate to the clinical team, has the option of a second opinion been offered to the patient?		

1. Decisions relating to cardiopulmonary resuscitation. A joint statement from the BMA, Resuscitation Council UK and the RCN (October 2007)
2. These questions are derived from the National Council/APM joint paper entitled "Ethical decision-making in palliative care: Cardiopulmonary resuscitation (CPR) for people who are terminally ill".