

# Review of current DNACPR orders of current inpatients

Presented at SI panel 7 June 2024

Complete or affix label here. If a label is used affix a label on each part of the triplicate form.

Surname:

Forename:

Date of birth:

URN:



**MEDICAL NOTES COPY  
DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION ON THIS PATIENT  
(FOR ADULTS AGED 16 AND OVER)**

Date and Time of commencement of DNACPR  /  /  :  AM  PM

The patient has capacity to make and communicate decisions about CPR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient has completed a valid advance decision (ADRT):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The decision has been discussed with the patient:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The decision has been discussed with those identified as important to the patient:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason for DNACPR order (Tick if appropriate):

The patient has refused CPR:	<input type="checkbox"/>
The patient agrees that CPR should not be attempted:	<input type="checkbox"/>
CPR is very unlikely to restart the patient's heart and breathing:	<input type="checkbox"/>
The likely outcome of successful CPR would not be of overall benefit to the patient (The patient's informed views and wishes are of paramount importance to the decision)	<input type="checkbox"/>

Summary of main clinical problems and reasons why CPR would be not be appropriate:

Summary of communication with patient, relatives, friends or legal representation:

**Note: Please document in medical notes evidence that the above has been discussed with either the patient or relative (S)**

Name, Grade and signature of Doctor completing this form:

If the doctor is not a consultant or GP, the decision should be countersigned by a consultant or a GP at first review. If the doctor is a post fellowship specialist registrar, staff grade or associate specialist, (excluding Palliative care) the doctor must speak with the consultant or GP and gain verbal consent the DNACPR order.

I have discussed this decision with:

Countersignature of Consultant/GP:  
(To be signed at first patient review)

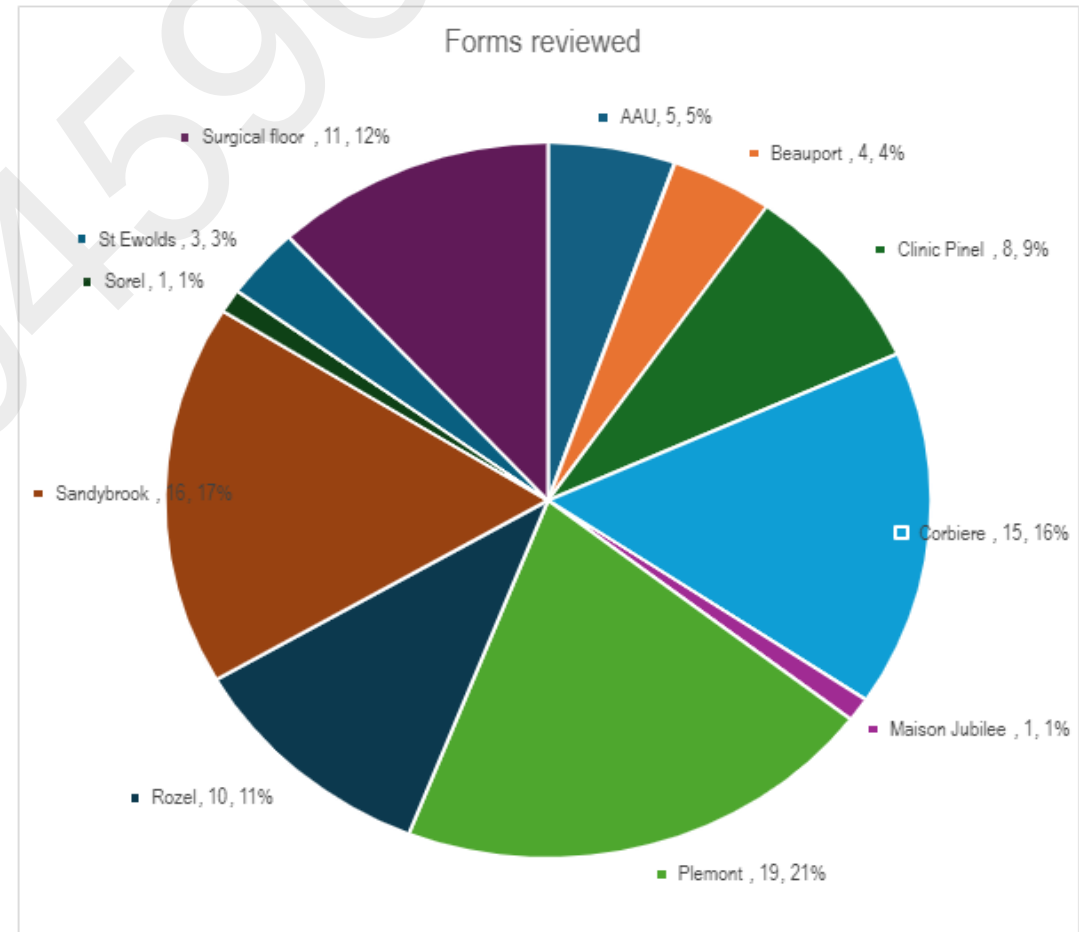
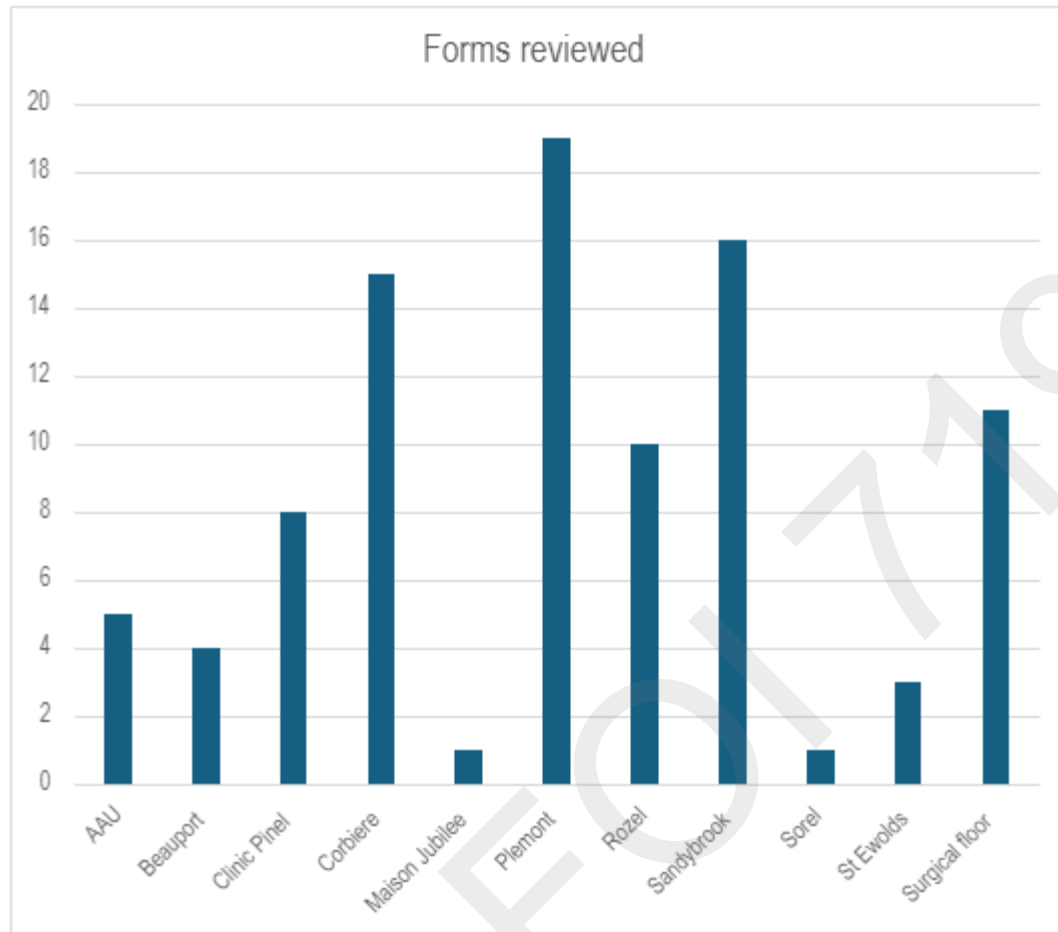
Is DNACPR decision indefinite?:

Yes  No  If 'no' please specify review date:  /  /

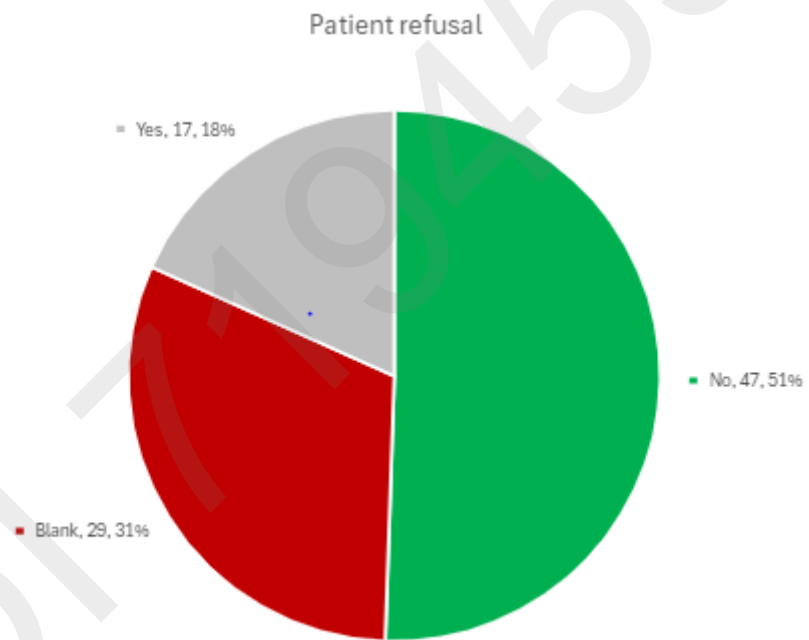
If DNACPR order is to be cancelled score through the original form and sign. Remove DNACPR Maxims/EMIS alert and inform relevant Health care providers

- 94 forms reviewed within 48hrs, 3 & 4 June 2024
- Across JGH, Mental Health, St Ewolds, Sandybrook, LD service

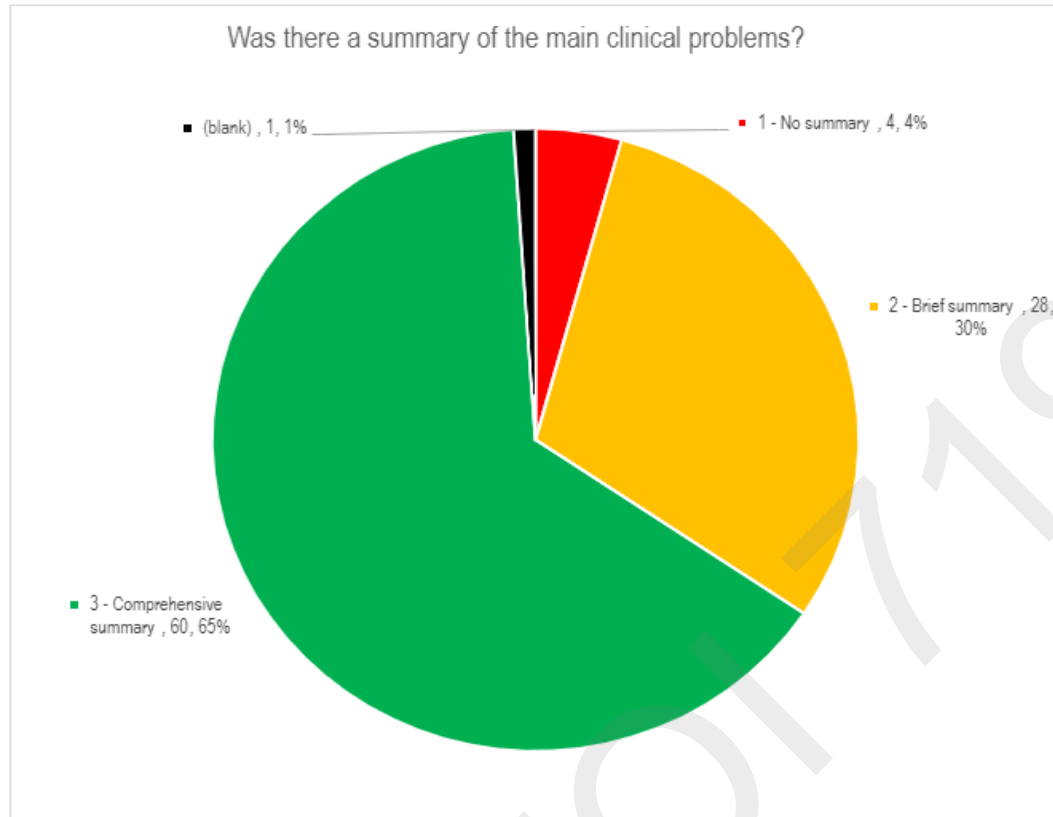
# Total DNACPR forms reviewed



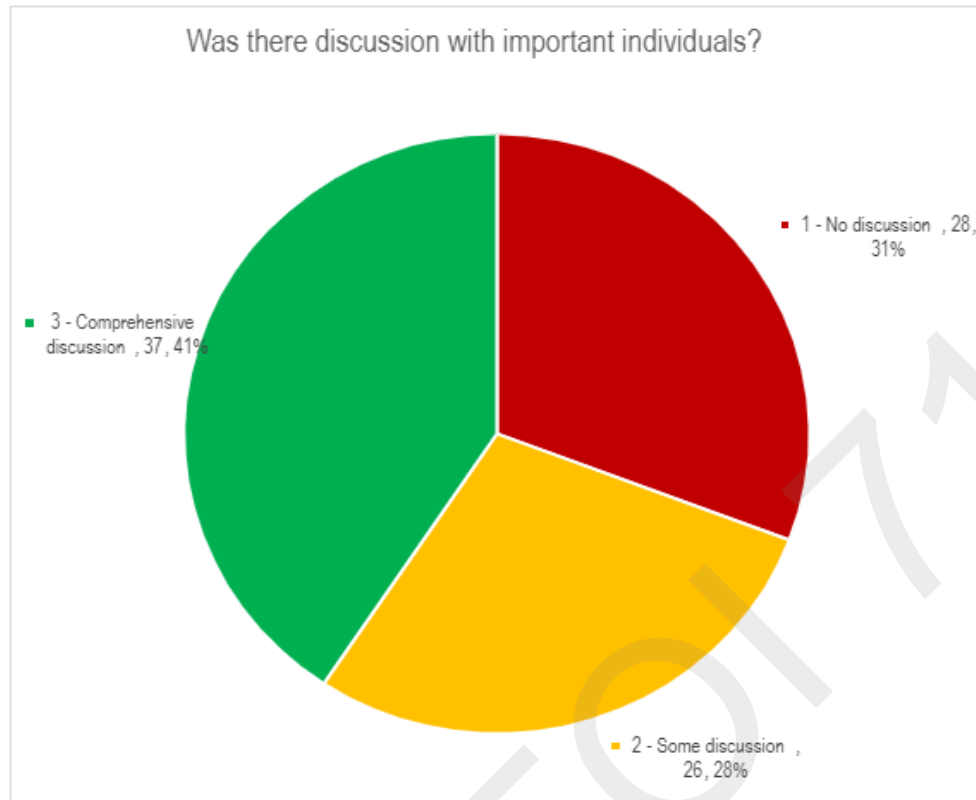
# Patient refusal



# Summary of clinical rationale for DNACPR

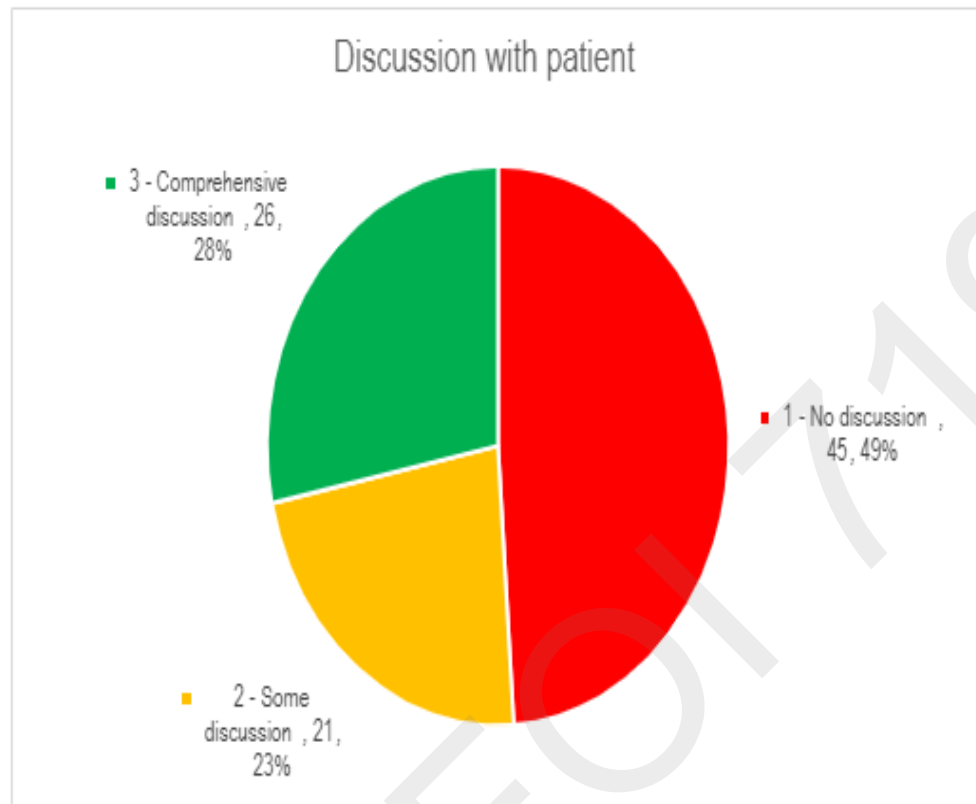


# Discussion with important individuals



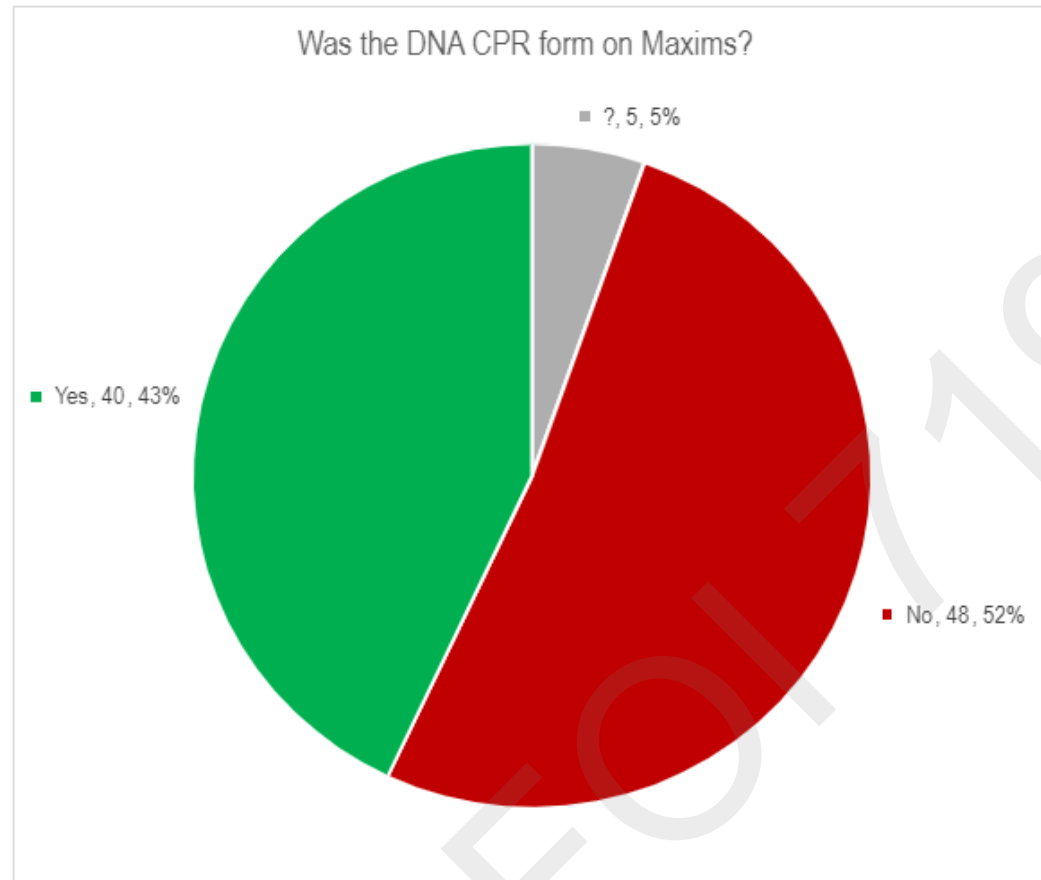
No discussion: 7% documented not to discuss with family

# Discussion with Patient



No discussion: 87% documented did not have capacity  
Some discussion: 29% documented did not have capacity

# Was the DNACPR form uploaded to Maxims



## Reasons for not uploading

- Only 1 person does this who works nights
- Scanner broken (wasn't ) Training need identified
- No scanner
- "We don't use maxims"

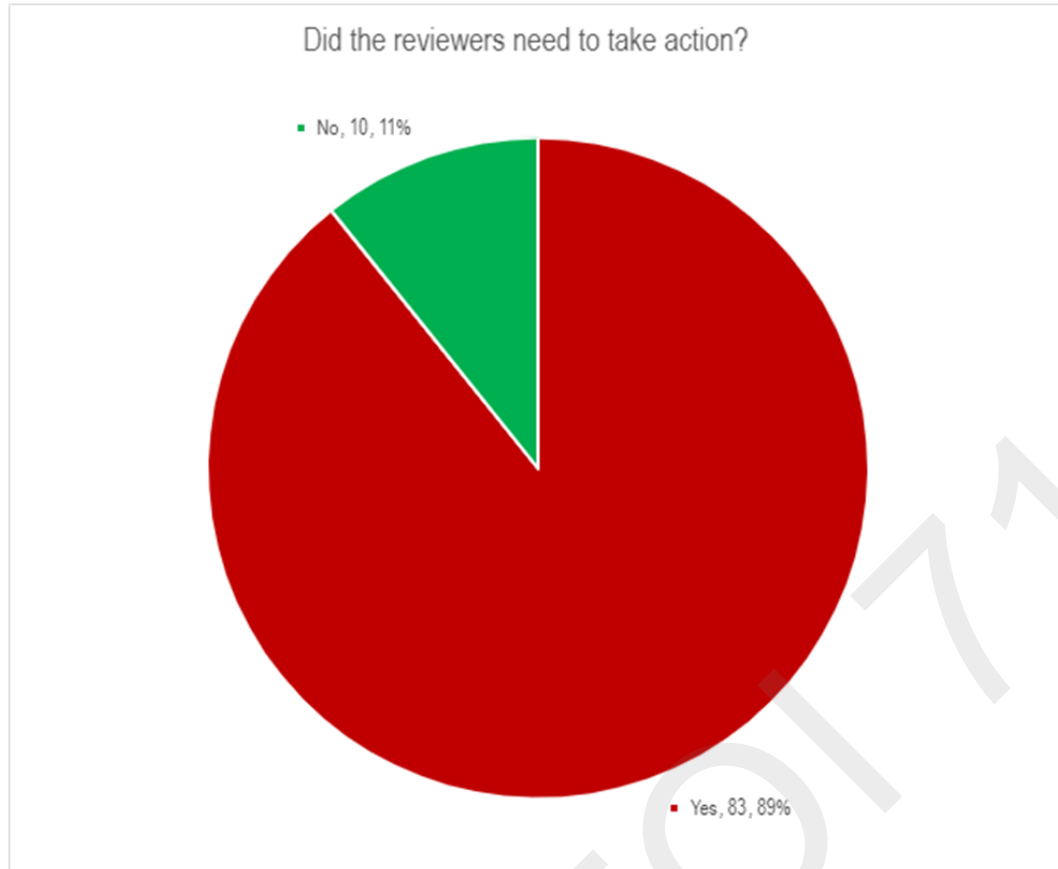
# Specific to Clinician

Dr Name	Forms completed	Discussed with Patient	Discussed important individuals
Doctor A	18	72%	100%
Doctor B	15	33%	73%
Doctor C	14	36%	50%
Doctor D	7	71%	71%
Doctor E	6	50%	33%
Doctor F	4	75%	25%
Doctor G	3	66%	33%
Doctor H	3	33%	66%
Doctor I	2	0%	50%
Doctor J	2	0%	50%
Doctor K	1	100%	100%
Doctor L	1	0%	100%
Doctor M	1	100%	100%
Doctor N	1	0%	100%
Doctor O	1	100%	0%
Doctor P	1	100%	0%
Doctor Q	1	0%	100%
Doctor R	1	100%	0%
Doctor S	1	100%	100%
Doctor T	1	0%	100%
Doctor U	1	0%	100%
Doctor V	1	0%	100%
Doctor W	1	100%	100%
Doctor X	1	100%	0%
Doctor Y	1	0%	100%
Doctor Z	1	100%	100%

# Specific to clinician cont.

Dr Name	Forms completed	Documented discussion in medical notes	Authorising signature does not match handwriting
Doctor A	18	83%	6%
Doctor B	15	87%	0%
Doctor C	14	50%	21%
Doctor D	7	100%	0%
Doctor E	6	33%	0%
Doctor F	4	75%	0%
Doctor G	3	67%	0%
Doctor H	3	67%	0%
Doctor I	2	100%	0%
Doctor J	2	100%	0%
Doctor K	1	100%	0%
Doctor L	1	0%	0%
Doctor M	1	100%	0%
Doctor N	1	100%	0%
Doctor O	1	0%	0%
Doctor P	1	0%	0%
Doctor Q	1	100%	100%
Doctor R	1	100%	0%
Doctor S	1	0%	0%
Doctor T	1	100%	0%
Doctor U	1	100%	0%
Doctor V	1	100%	0%
Doctor W	1	100%	0%
Doctor X	1	100%	0%
Doctor Y	1	100%	0%
Doctor Z	1	100%	0%

# Action required



- Contacted EPR to supply a scanner
- Resuscitation service did on the spot training for uploading on maxims , checked how to guide was present (was)
- Some GP completed DNACPR forms incomplete and escalated to Primary care governance
- Identified to ward sister, NIC, SAS doctors and consultants:

Any forms that identified that the patient had capacity, but was unaware of DNACPR required further discussion

Any forms that identified that any important individuals were unaware of DNACPR required further discussion

Patients with no capacity, discussed consideration of SROL

Patients with multiple forms to be reviewed as to which is current one, then uploaded to maxims

Forms that said no capacity, but nurses believed the patient did have capacity to be discussed with medical team that day

# SROL

Where no capacity was documented

- 66% had SROL in place
- 17% SROL was in progress
- 17% had no SROL in place

FOI 19459666

# During audit

- 1 Consultant rang Resuscitation manager's mobile to ask for advise on how to complete a DNACPR
- One of the medical teams reviewed all the DNACPR's identified and emailed those concerned when all actions closed
- No consultant ward round on the audit day, SAS grade doctors reviewed those identified to escalate to consultant the next day
- Identified some gaps with understanding SROL
- SROL applications awaiting response, some from January.