

**Do not resuscitate discussions, making
decisions and documenting
A link to some useful learning resources**

Last updated 2022

2 x recent rulings have changed the way we discuss and document CPR/DNACPR

Janet Tracey Died 2011
Landmark ruling 2014



Carl Winspear Died 2011
Landmark ruling 2015



Where are we now?


- ♥ Following the Tracey Ruling: When and how to discuss “do not resuscitate” decisions with patients ... following the Tracey ruling, a super BMJ editorial outlining the implications for doctors and hospitals

<https://www.bmj.com/bmj/section-pdf/900007?path=/bmj/350/8014/Analysis.full.pdf>

- ♥ Following the Winspear ruling: Doctors must ask carers before placing DNAR notices on files of mentally incapacitated patients

<https://www.bmj.com/content/351/bmj.h6179>


DNACPR: Still a hot topic in Covid times

 BBC News

Covid-19: Concern over 'do not resuscitate' decisions during pandemic

DNAR orders refer to cardiopulmonary resuscitation (CPR). ... Meanwhile, Dan Scorer, head of policy at the learning disability charity Mencap, ...
22 hours ago



 Nursing Times

CQC seeks to address 'worrying variation' in DNACPR practices

The CQC heard evidence to suggest DNACPR orders had been used ... a learning disability about putting blanket DNACPR decisions in place, ...
2 hours ago



 ITV News

More than 500 'do not resuscitate' orders made without ...

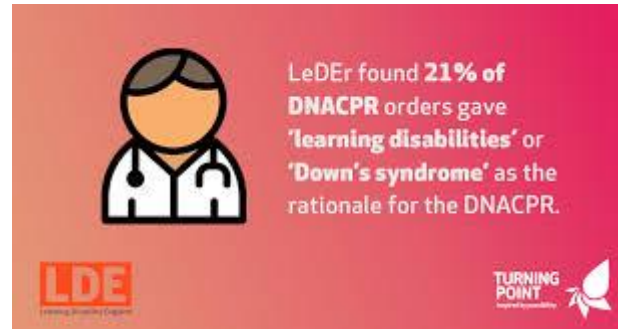
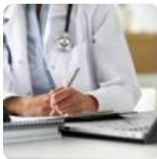
... way to particular groups, for example people with learning disabilities. ... And, while responsibility for making DNACPR decisions does not largely rest ... she was told by a GP that they would add a DNR order to her records.
7 hours ago



 homecare.co.uk News

Do not resuscitate orders cannot apply 'just because' someone has a learning disability or autism, GPs told

The terms "learning disability" and "Down's syndrome" should never be a reason for issuing a DNACPR order or be used to describe the ...
1 week ago



LeDER found **21%** of DNACPR orders gave 'learning disabilities' or 'Down's syndrome' as the rationale for the DNACPR.

LDE
Learning Disability England

TURNING POINT
Support for Learning



DNACPR

Our main report on how hospitals, care homes and doctors support people to make decisions about re-starting their heart if they get very ill

March 2021

Protect, Respect, Connect

An easy-read report from keepsafe.org.uk

Care Quality Commission

There is a need for a consistent national approach to advance care planning and DNACPR decisions, and a consistent use of accessible language, communication and guidance.



 Care Quality Commission

#TalkEndOfLifeCare

Essential listening

- ♥ 16.09.2020: 'End of Life Care for People with Learning Disabilities'
- ♥ 25.09.2020: 'DNAR orders and people with learning disabilities'
<https://www.pcpld.org/home/webinars-and-podcasts/>
- ♥ And reading: Learning Disabilities Mortality Review LeDeR
<http://www.bristol.ac.uk/sps/leder/>

DNACPR: Some key points

- ♥ If someone has advanced progressive disease – think – would CPR have any likelihood of success?
- ♥ If not – then you need to say so. If medically un-resuscitatable they should have a DNACPR status on medical grounds even if the patient would like ‘everything’.
- ♥ Much as an oncologist would not pursue chemotherapy if there were no likelihood of success, even if a patient wanted more.
- ♥ The Tracey ruling tasks us to explain that.
- ♥ However if there is some chance of success then whether the person would want CPR needs to be discussed.
- ♥ You may find our FAQ and ‘Facts about’ info helpful.

- ♥ **Do ensure the DNACPR form is properly completed – i.e. makes clear the nature of the illness/how advanced, as well as patient wishes. Ensure family/sign other knows too.**

- ♥ **Learning from LEDER – ‘learning disability’ is NOT a reason to impose a DNACPR status.**

DNACPR: which form, who can sign?

- ♥ Any NHS ratified form e.g. East of England, or BHR form
- ♥ Whether black and white or colour does not matter
- ♥ A BHRUT DNACPR form is still applicable after discharge if the DNACPR status is 'indefinite'.
- ♥ Unfortunately not all hospital DNACPR forms 'work' outside of the hospital – do check – you may need to do a new form.
- ♥ In some Electronic Palliative Care Coordination Systems (EPaCCS) you can actually print out a form – the audit trail confirms validity. The form does not require a physical signature. The print out reproduces on one page what was written in the EPaCCS.

Because engagement with EPaCCS is not yet comprehensive, and as we work in a locality where paramedic response may come from EofE OR LAS .. our Urgent Care colleagues need a form in the house.

Please ensure family know the DNACPR status/where the form is.

The 'senior clinician' would usually be the GP or hospital Consultant. It can now also be a CNS, Speciality Dr or Registrar who has been seen as competent via WBAs/SLAs.