In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

1. **Does the patient have capacity to make and communicate decisions about CPR?**
   - If “YES” go to box 2
   - If “NO”, are you aware of a valid advance decision refusing CPR which is relevant to the current condition? If “YES” go to box 6
   - If “NO”, has the patient appointed a Welfare Attorney to make decisions on their behalf? If “YES” they must be consulted.
   - All other decisions must be made in the patient’s best interests and comply with current law. Go to box 2

2. **Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient’s best interests:**

3. **Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:**

4. **Summary of communication with patient’s relatives or friends:**

5. **Names of members of multidisciplinary team contributing to this decision:**

6. **Healthcare professional recording this DNACPR decision:**
   - Name
   - Position
   - Signature
   - Date
   - Time

7. **Review and endorsement by most senior health professional:**
   - Signature
   - Name
   - Date
   - Review date (if appropriate):
   - Signature
   - Name
   - Date
   - Signature
   - Name
   - Date