Recommended standards for recording decisions about cardiopulmonary resuscitation (CPR) 2015

These guidance notes have been produced to help healthcare workers and organisations to achieve uniformly high standards in recording and communicating decisions about CPR. They replace the previous guidance (Recommended standards for recording “Do-not-attempt-cardiopulmonary-resuscitation” (DNACPR) decisions), published on this website in 2009. They are not intended to be a comprehensive guide to making decisions about CPR.

For more detailed guidance on such decision-making please refer to:

- ‘Treatment and care towards the end of life: good practice in decision making.’ General Medical Council 2010.

Decisions about CPR may apply and be made in various settings including people’s homes, nursing homes, hospices, hospitals, and during transfer between settings.

Because of differences in the law, in particular regarding capacity, these forms have been prepared for use in England and Wales in the first instance.

These notes refer specifically to decisions about CPR and it is emphasised that those decisions apply only to attempted CPR and do not imply that any other aspect of monitoring, care or treatment will or will not be provided. All other appropriate care and treatment should be given.

Through the wording and implementation of their resuscitation policy, all healthcare organisations should therefore ensure:

1. effective recording of decisions about CPR in a form that is recognised and accepted by all those involved in the care of the patient
2. effective communication with and explanation of decisions about CPR to the patient, or clear documentation of reasons why that was impossible or inappropriate
3. effective communication with and explanation of decisions about CPR to the patient’s family, friends, other carers or other representatives, or clear documentation of reasons why that was impossible or inappropriate
4. effective communication of decisions about CPR among all healthcare workers and organisations involved with the care of the patient.

To facilitate this (and to facilitate clinical audit) it is recommended that decisions about CPR are recorded on a standard form that is used, recognised and accepted across geographical and organisational boundaries.
In 2009 the Resuscitation Council (UK) (RC (UK)) published model forms for recording DNACPR decisions. Updated editions of these can be accessed on the RC (UK) website.

The RC (UK) recognises increasing support for recording decisions about CPR in the context of wider planning, in which other care and treatment options are considered also, to identify and record those which the person would wish to receive as well as those that they would not want. Such an approach is regarded by many patients and many healthcare professionals as more positive than a focus purely on whether or not CPR should be withheld in the event of cardiorespiratory arrest. Several types of form have been proposed, using names such as treatment escalation plans/forms, ceiling of treatment plans/forms, treatment option plans/forms and emergency care/treatment plans. The RC (UK) favours the term ‘emergency care/treatment plan’ as conveying an accurate and positive image. ‘Treatment option plan/form’ has been considered to convey a more positive and less dramatic image than some other terms. However the RC (UK) recognises that there are clinical circumstances in which CPR would provide no benefit, that in those circumstances CPR is therefore not a treatment ‘option’ for the patient, and that patients cannot demand treatment that is not indicated for their specific situation. The RC (UK) recommends that such forms should comply with the quality standards described in this document in relation to the specific decision about CPR. The RC (UK) hopes that a model form of this nature will be developed and adopted widely, but the timescale for any such development is uncertain at present.

It is recommended that:

- Paper forms on which CPR decisions are recorded should travel with the patient whenever possible.
- When a person is at home and has a current CPR decision (in particular a DNACPR decision) they understand and accept they should have with them a CPR decision form recording that situation.
- If healthcare organisations require copies of CPR decision forms for audit or records purposes it is recommended that each form is available in duplicate or triplicate with non-carbon copies that are a different colour and that have different printed wording to reflect their purpose. Only the original (top) copy can then be identified as a CPR decision record for clinical use, avoiding the potential danger of a copy being used to guide clinical decisions when the original may have been cancelled.
- If CPR decision forms are completed and/or stored electronically:
  a. they should contain all the required elements defined in this quality standard; they should be accessible immediately by all the organisations and individuals who may be involved in the person’s care;
  b. there should be robust arrangements in place to ensure that they remain current and appropriate.