South Central Ambulance Service NHS
NHS Foundation Trust

This guidance is to inform all Healthcare professionals of South Central Ambulance Service NHS Foundation Trust DNACPR Policy.

Key Facts to be aware of

- **A DNACPR does not come into force until the patient is in cardiac arrest.**
- **A DNACPR may be included as part of an Anticipated Care Plan (ACP) that has been added to the Special Notes within the ambulance Contact Centre. Until the point of cardiac arrest the crew will follow the pathway laid out in the care plan.**
- **A DNACPR decision does not include immediately remediable life threatening clinical emergencies such as choking or anaphylaxis. Appropriate emergency interventions, including CPR should be attempted until resuscitation is recognised as futile.**

The following has been extracted from the South Central Ambulance Service NHS Foundation Trust Resuscitation Policy which can be accessed by following this link;

http://www.southcentralambulance.nhs.uk/_assets/policies/resuscitation%20policy.pdf

13.4 Adult "Do not attempt cardiopulmonary resuscitation" (DNACPR / Advance Decision to Refuse Treatment (ADRT)

13.4.1 All SCAS personnel may discontinue/withhold resuscitation attempt if:

1. A formal South Central Strategic Health Authority (SCSHA) Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order is in place, on the DNACPR form (usually Lilac but can be photocopied or printed on white paper) or a DNACPR notice which has the correct patient details, is completed and signed by a health professional involved in the patients care and is in date:

   The form will stay with the person, it will located in the following places:

   - Hospitals, nursing homes, hospices – in the front of person's notes
   - In the home – The tear off slip should be completed and placed in the 'message in the bottle' in the person's refrigerator. The location of the DNACPR form needs to be clearly stated.
   - If a "message in a bottle" is not available, a system needs to be put in place to ensure effective communication of the DNACPR form's location to all relevant parties including South Central Ambulance Service
     http://www.lionsmd105.org/Community/MIAB/where_botlle.htm
   - GP surgeries – In the notes either paper or electronic an 'ALERT' should be set up on electronic notes, usually in the 'reminder section.'

   Ambulance transfer (Section 5) – To be completed if discussion has taken place as to where the person wishes to be taken should they deteriorate during the transfer (cannot be a public place). Section c) is the name and telephone number of the preferred destination and Next Of Kin (NOK). Section e) can be completed by a healthcare professional.

   If this section is not completed, the person can be transferred and if they deteriorate they will be taken to the nearest Emergency Department.

Patient Transport Services –

- DNACPR / End of Life Care Packages / ADRT to be recorded by either the Discharge Lounge or the Dispatchers on the Patients Journey record. To be recorded: the date the DNACPR / End of Life Care Packages / ADRT was signed and DR's name.

- The operational staff attending need to confirm the DNACPR / End of Life Care Packages / ADRT is still current preferably via the lilac form, however the old style form or Dr's Letter (if in date) can be accepted.

- Before the patient is conveyed from the location of pick up, the crew must inform the Dispatchers or Discharge Lounge they are going mobile. The crew then needs to confirm when they have finished conveying the patient.

- It is now possible for an escort to attend with the patient. We do not need a formal written confirmation of this.

  The reason the escort may wish to travel could be that the patient may not survive for the journey itself or long after.

- DNACPR & ADRT patients can travel however the requester asks and not necessarily as an individual journey. End of Life Care Package patients must travel singularly on a double manned ambulance. (These patients are likely to be going home or a hospice to pass away)

- **THESE PATIENTS NEED TO BE RECORDED AS PROMPT AND MOVED AS A PRIORITY**
  Please note this procedure will be amended in the very near future, until this happens you must follow the guidelines above.

Non ambulance transfer between departments, other healthcare settings and home should be informed and abide by the DNACPR decision.

2. An Advance Decision to Refuse Treatment (ADRT) has been accepted by healthcare professionals to signify a DNACPR and documented on the lilac form.

3. Patients may have a "living will" or "advance directive" although it is not legally necessary for the refusal of treatment to be made in writing or formally witnessed. This specifies how they would like to be treated in the case of future incapacity. Case law is now clear that an advance refusal of treatment that is valid, and applicable, to subsequent circumstances in which the patient lacks capacity, is legally binding. An advance refusal is valid if made voluntarily by an appropriately informed person with capacity to make such a decision. Personnel should respect the wishes stated in any such a document.

4. If a patient has a DNACPR in place and does not wish their relatives or carers to be made aware of it, their decision must be respected. In the event of the person dying and the need to withhold CPR occurs, the existence of the DNACPR should be explained to the relatives or carers. To inform the relatives or carers of its existence prior to death would go against the patient's Human Rights.

5. A DNACPR decision does not include immediately remediable life threatening clinical emergencies such as choking or anaphylaxis. Appropriate emergency interventions, including CPR should be attempted.

Raising concerns with SCAS about management of DNACPR
If you have any adverse events or concerns arising from the management of DNACPR by SCAS, would you please send details of these incidents direct to SCAS, from an nhs.net address, to the following email adress. SCAS will then review and provide you feedback. scas.dnacprhants@nhs.net