Complete or affix label here.
Surname:
Forename:
Date of birth:
URN Number:
Address:

Jersey Hospice Care

FAMILY NURSING & HOME CARE ESTABLISHED 1907

PRIMARY CARE BODY

RECORD SHEET FOR MEDICAL/NURSING NOTES *
DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION ON THIS PATIENT (COMMUNITY)

DATE :	AND TIME :	OF COMMENCEMENT OF DNACPR ORDER

The patient is mentally competent *	YES	NO
The patient is an adult	YES	NO
The patient has completed a valid advanced directive *	YES	NO
The decision has been discussed with the patient	YES	NO
The decision has been discussed with the patient's close relatives	YES	NO

Reason for DNACPR order:

	Tick if appropriate
The patient has refused CPR:	
CPR will not restart the patient's heart and breathing:	
There is no benefit in restarting the patient's heart and breathing:	
The expected benefit of continued life is outweighed by the burdens:	

Summary of main clinical problems and reasons why CPR would be in appropriate, unsuccessful or not in the patients best interests:*

Summary of communication with patient, relatives, friends or legal representatives:*

Healthcare professional completing this DNACPR order:

Name: Position:

Signature: Date: Time:

Review and endorsement by doctor responsible for patient*:

Name: Position:

Signature: Date: Time:

Is DNACPR decision indefinite? Yes ☐ **No** ☐ **If 'no' specify review date:** _____/_____/_____

DNACPR decision SUSPENDED: ENSURE AMBULANCE ARE FAXED IMMEDIATELY	**Name**	**Signature**	**Date Signed**

*** Please see explanatory sheet**

PLEASE FAX COPY TO AMBULANCE CONTROL 444731