**Summary of document changes to Yorkshire & Humber DNACPR form v13 to be introduced in 2014**

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| **Section** | **Changes** |
| Patient demographics | No changes to this section |
| Next of kin details | No changes to this section |
| **Section 1:**  Reason for DNACPR decision | In sections **A to D**, highlighted text has been added to indicate that **guidance** is available on the reverse of the form. |
| **Option A:**  CPR is against the patient’s wishes | This is unchanged |
| **Option B:** relates to a valid advance decision to refuse treatment (ADRT) | This is unchanged |
| **Option C:** the words ***overall benefit*** have been italicised | This change identifies to clinicians that the underlying principle involved in choosing **Option C** relates to capacity.  Here, CPR may restore cardio-respiratory function, but the resultant clinical state may not be acceptable to the patient. |
| **Option C:** this represents a **best interests decision** and must be discussed with relevant others | This sentence has been amended to clarify to clinicians that choosing **Option C** reflects a patient’s lack of capacity or unwillingness to discuss the matter, and emphasises the need to consult with others to determine best interests for the patient.  Date and time have been added to this section to allow more accurate documentation of recording discussions, in line with clinical documentation guidelines.  Guidance notes on **Option C** on the reverse of the form have been amended to emphasise the requirement to discuss with relevant others **before** completing the form. |
| **Option D:** the words ***clinical benefit*** have been italicised | This change identifies to clinicians that the underlying principle in choosing **Option D** relates to that of **medical futility**. Here, CPR is not likely to succeed because the terminal event is death from the documented medical condition(s).  The words “even” and “still” have been removed to add emphasis to the importance of clear and unambiguous communication, regardless of its rationale.  **Date and time have been added** to this section to allow more accurate documentation of recording discussions, in line with clinical documentation guidelines.  Space has been added to allow a free text description of the **rationale for not discussing with the patient**, for example, patient unconscious, too distressed, etc.  Guidance notes on option D on the reverse remind the clinician to undertake the necessary discussions in a timely way. |
| **Section 2:**  Review of DNACPR decision | This section has undergone major revision to allow explicit documentation that a DNACPR decision has been made as part of end of life care planning, and that revision of the decision is not indicated. **Option 1** allows for up **to 3 formal reviews** of the DNACPR decision.  If **more than 3 reviews** are required, **a new form should be completed**.  **Option 2** allows for **documentation of an indefinite DNACPR decision** as is appropriate in **patients receiving end of life care.**  This **box should be ticked if this option is chosen**. |
| **Section 3:**  Healthcare professionals completing DNACPR form | This section has been amended to allow clearer documentation of the identity, **role and professional qualifications** of the clinician making the decision. All parts must be completed and name, designation, organisation and registration numbers must be legible. Signatures need not be legible.  As with version 12, a **countersignature is only required if a junior doctor has completed the form under the instruction of a senior clinician**. Countersignatures should be completed as per local policy. |
| Additional information on reverse | Review information and details of the Regional Lead Contact have been added. |