The North West London Hospitals NHS Trust

'DO NOT ATTEMPT TO RESUSCITATE' ORDER

Patient Identification Label

Name…………………………………………………………………..

Date of Birth……………………………………………………..

Hospital Number………………………………………………..

Expiry / Review Date of DNAR Order:

……………………………………

Please complete this form. Give information, which indicates that appropriate discussions have taken place. The headings should be used as prompts as it may not be possible to fill in all the boxes. It is vital that the doctors' signature box is completed.

Main Clinical Problems and Diagnosis
Main reasons why CPR would be unsuccessful or result in a length and quality of life, which is not in the patient's best interest.
Summary of communication with patient. **If patient not competent, then document who made this diagnosis and where the process of establishing lack of competence is documented. (eg in clinical records on a specific date)**
Names of relatives / friends of the patient who either with the patient's consent or where the patient is unable to communicate adequately, have been consulted to determine the wishes of the patient
Summary of communication with relatives and friends and where appropriate multidisciplinary team
(This section of the form may only be signed by a Consultant or an appropriate ST grade doctor in accordance with policy following discussion with a consultant. If the form is signed by an ST grade doctor it should be countersigned by a consultant at the earliest opportunity ideally within 24 hours of the decision
Name (print) .... Signature .... Date ....
Name (print) .... Signature .... Date ....

This DNAR Order should be securely filed within the 'Expression of Wishes' section of the health record. The Order should be replaced by subsequent DNAR Orders or crossed out and countersigned if the order is revoked.

01/02/2012