

## DNACPR - 2-week snapshot audit

### Section A: About the Patient

Complete this section for all patients

1. Patient NHS number

2. Does the patient have a DNACPR form or a ReSPECT form in place?

Yes

No – skip to section C

DNACPR ?

ReSPECT?

3. Where did the form originate?

GP practice

Clinical Nurse Specialist

Community service

Previous hospital admission

Specialist pall. care team

Other (please specify)

4. If the form was completed by a CNS, what is their speciality? (e.g. gastro, palliative care)?

### Section B: DNACPR / ReSPECT form completeness

Only complete this section if the patient has a DNACPR / ReSPECT form in place.

#### Patient Demographics

5. Are there 3 unique patient identifiers on the form?

Yes

No

If NO, which patient identifiers were present?

6. Are the Next of Kin / emergency contact details completed in full?

Yes

No

If NO, what information is missing? (name / relationship / telephone number)

**Reason for DNACPR decision**

7. What is the reason given for the DNACPR decision?

A. CPR has been discussed with the patient. It is against their wishes and they have the mental capacity to make this decision.

B. CPR is against the wishes of the patient as recorded in a valid advance decision to refuse treatment

C. The outcome of CPR would not be of overall benefit to the patient and

i. They lack capacity to make the decision

ii. They have declined to discuss the decision

D. CPR would be of no clinical benefit because of the following medical conditions

E. No reason given

8. If reason B, is the valid Advance Decision attached to the form?

Yes

No

9. If reason D, what reason is given for CPR being of no clinical benefit?

10. If reason D, has the DNACPR been discussed with the patient?

Yes – form states the decision has been discussed with the patient

No – form states the decision has not been discussed with the patient

This has not been completed

If it has not been discussed with the patient, what is the reason given?

**Review of DNACPR decision**

11. Was section 2 of the DNACPR / ReSPECT form (review of DNACPR decisions) completed?

Yes – review date(s) given

No – this has not been completed

Yes – decision valid until end of life

12. If review dates given, were ALL reviews completed within the specified timeframe?

Yes

No

N/A – no review dates / valid until EoL

12a. If NO, please provide detail

13. Were all reviews completed by an FY2 or above, or a specialist nurse or ACP who has undertaken the role of DNACPR decision maker?

Yes

No (please provide detail)

N/A

**Healthcare professionals completing the form**

14. Please tick all that have been completed by the DNACPR / ReSPECT form originator in section 3

Date

Print name

GMC / NMC / HCPC number

Time

Designation

Signature

Organisation

15. What date was the form signed by the originator?

16. What is the designation of the form originator?

## Section C: Auditor Details

17. Auditor Details

Name:

Job title:

Signature:

Date of appointment  
where audit took place: