

[INSERT ORGANISATION] DNACPR Audit

Suggestions for assessing the quality of documentation around DNACPR discussions

	Inadequate	Requires Improvement	Good	Outstanding
Patient details	Patient details not complete	Patient details complete but not legible	Patient details documented in full or patient sticker in use.	Patient details documented in full or patient sticker in use.
Next of kin details	No next of kin details	Incomplete documentation of NoK details. Information about the persons present at discussion e.g. 'daughter', 'wife'. Not specifically named	Full details of the professionals, patient and any others present at the time of the discussion recorded. Note 'daughter' or 'NOK' is not sufficient. Wife, husband acceptable.	Full details of the professionals, patient and any others present at the time of the discussion recorded. Note 'daughter' or 'NOK' is not sufficient
DNACPR form if used	DNACPR form may be partially completed which may affect validity i.e. no review date. Inappropriate terminology recorded on form.	DNACPR form may be appropriately completed around DNACPR with minor omissions ie no organization/role/grade	DNACPR form fully completed around DNACPR. If DNACPR is 'of no clinical benefit / no realistic chance that successful', the reason is documented.	DNACPR Form fully completed around DNACPR. Medical notes completed to indicate clinical recommendations for emergency care and treatment/treatment escalation plan. If DNACPR is 'of no clinical benefit / no realistic chance that successful', the reason is documented.
ReSPECT form if used	ReSPECT form may be partially completed which may affect validity i.e. no review date. Inappropriate terminology recorded on form.	ReSPECT form may be appropriately completed around DNACPR with minor omissions ie no organization/role/grade	ReSPECT form fully completed around DNACPR.	ReSPECT Form fully completed around DNACPR. Medical notes completed to indicate clinical recommendations for emergency care and treatment/treatment escalation plan.

Mental Capacity	No reference to mental capacity	No reference or limited clarity about mental capacity	No reference is made of the mental capacity of the patient at the time of the assessment but it may be implied that the patient has capacity from documentation elsewhere in the record/notes	Reference is made to the mental capacity of the patient to be involved in decision-making. A formal mental capacity assessment should be completed if 'lack of capacity' is referenced on the DNACPR form or in the notes/record
Rationale for decision and supporting documentation	No reference to discussion in the notes/record.	Very little reference to discussion in the notes/record	Rationale for the decision-making may not have been recorded in the notes/record but the DNACPR form is fully completed (as viewed by auditor).	The rationale behind the decision-making is clearly and succinctly documented. Reference is made to the underlying medical condition and medical decision making when cardio pulmonary resuscitation might be considered to be 'futile'. (For discussions to decide on best interests/patient's wishes there is evidence of explanation of what cardio pulmonary resuscitation is and isn't) Treatment escalation decisions discussed and documented. Presence of DNACPR/ReSPECT form clarified on discharge.
Review of an existing DNACPR/ReSPECT FORM	If the patient was admitted with a DNACPR/ReSPECT form, there is nothing in the documentation to say that this has been noted.	If the patient was admitted with a DNACPR/ReSPECT form there is nothing in the documentation to say that this has been reviewed	If a DNACPR/ReSPECT form is present on admission, it is noted in the medical notes. There is little if any documentation reviewing the decision but it may be implied that the decision remains valid as it is still in place.	DNACPR/ReSPECT Form present on admission and decision with rationale appropriately reviewed
Those important to patient	No discussion with patient or NoK	Discussion with patient but no mention of discussion or informing of NoK	Discussion has taken place with family/NoK present or, if not possible, it is noted that a discussion needs to take place.	Documentation indicates that the patient was offered the opportunity to discuss with family/NoK present, and this occurred if requested. Opportunity

				to ask additional questions is referred to. If carers/NOK are not present at the discussion, there is documentation to record a discussion with them to inform at another time
Written information				Reference is made to the provision of written information to support the discussion
Community Specific (eg SystemOne)	Relevant sections of the EPaCCS template are not completed	Relevant sections of the EPaCCS template are completed with codes used but there is no supporting/additional/free text information alongside the code. If the form was completed by another professional there is nothing recorded that notes this	EPaCCS template is completed with the DNACPR decision coded and coded information about involvement of the patient and others in the decision making is recorded as 'free text' alongside the coded information.	EPaCCS template is completed with the DNACPR decision coded and coded information about involvement of the patient and others in the decision making is recorded as 'free text' alongside the coded information. Examples of outstanding documentation might include who has completed the form if it was completed previously and where the form is kept