

APPENDIX I

Cardiopulmonary Resuscitation Decision Record

Service User's Surname	Service User's Forename	Date of Birth	Hospital Number	
In the event of a cardiopulmonary arrest, the above named service user should be:				
1	FOR CARDIOPULMONARY RESUSCITATION			<input type="checkbox"/>
2	NOT FOR CARDIOPULMONARY RESUSCITATION for the following reason:			<input type="checkbox"/>
	Service User Decision:			
	• Service user has given informed consent not to undergo CPR			<input type="checkbox"/>
	• Service user has an advance directive not to undergo CPR			<input type="checkbox"/>
	Medical Decision:			
	• Where attempting CPR will not restart the service user's heart and breathing			<input type="checkbox"/>
	• Where there is no benefit in restarting the service user's heart and breathing			<input type="checkbox"/>
	• Where the expected benefit is outweighed by the burdens			<input type="checkbox"/>
This decision means chest compressions, assisted ventilation, resuscitative drugs, defibrillation and cardioversion will not be provided. All other medical and nursing interventions (see policy for details) may still be provided if appropriate.				
Clinician making the decision:				
Signature			Print Name	
Designation			Date	
The above decision has been discussed with (if not discussed, document reason in medical notes):				
Service User	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	
Relatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name(s)	Date
Parents (for children)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	
Key workers informed (please list)				
Frequency of review:				
Reviews (if CPR status changes, please complete new form):				
Date	Signature	Print Name	Designation	
Decision to remain valid on discharge: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date	Signature	Print Name	Designation	