

Royal Marsden NHS Foundation Trust

Management of Cardiopulmonary Arrest

This remains valid even when parents/next of kin cannot be contacted.

Child's name	NHS No.	
Address	DOB	

Diagnosis and reason (s) for decision and summary of communication

In the event of a likely *reversible* cause for acute life-threatening deterioration such as **choking, tracheostomy blockage or anaphylaxis please intervene and treat actively**. Please also treat the following possible problems actively e.g. bleeding (**please state**):

- Cardiopulmonary Resuscitation (CPR) Status has not been discussed**
Attempt CPR unless clearly not in the best interest of the child/young person (only a senior clinician may make this decision)
- Cardiopulmonary Resuscitation Status has been discussed and the following has been agreed:**

Clearly strike through unused boxes in dark ink as appropriate (only 1 box to be active)

Attempt full Cardiopulmonary Resuscitation	Attempt Cardiopulmonary Resuscitation with modifications below:	DO NOT attempt Cardiopulmonary Resuscitation									
<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select									
Attempt CPR as per Resuscitation Council (UK) guidelines.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Airway and breathing (incl. bag and mask ventilation)</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Circulation (cardiac compressions)</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>Advance life support (incl. intubation and ventilation / PICU)</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table>	Airway and breathing (incl. bag and mask ventilation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Circulation (cardiac compressions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Advance life support (incl. intubation and ventilation / PICU)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DNACPR Patient-specific supportive care is documented on pages 4, 5 and 8
Airway and breathing (incl. bag and mask ventilation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
Circulation (cardiac compressions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No									
Advance life support (incl. intubation and ventilation / PICU)	<input type="checkbox"/> Yes	<input type="checkbox"/> No									

Healthcare professional		2 nd Healthcare professional / parent	
Name		Name	
Professional Role/Grade		Professional Role/Grade	
GMC/ NMC No.		GMC/ NMC No.	
Signature and date		Signature and date	
Review date		Review Date	

Management of Deteriorating Health

Symptoms and signs to expect

--

In the event of life threatening event (add comments to clarify wishes)

✓	Support transfer to preferred place of care if possible	
✓	Maintain comfort and symptom management, and support child / young person and family	
✓	Clear upper airway / mouthcare	

Airway

Yes No Bag and mask ventilation

Breathing

Yes No Oxygen

Yes No Non-invasive ventilation

Yes No Intubation and ventilation

Compressions

Yes No Cardiac compressions

Other

Yes No Intravenous access or intraosseous access

Yes No Emergency transfer to hospital if considered appropriate

Other comments (please state): (e.g. may include specific information if a life threatening emergency happens at school / on holiday)

--

Organ & tissue donation: (see separate guidance on: <https://www.organdonation.nhs.uk>)
National contact number: 0300 123 2323

--

Name	Signature	Professional Role	Date