

 醫院管理局 HOSPITAL AUTHORITY	<p>Hospital Authority Do Not Attempt CPR (DNACPR) For Hospitalized Patients</p> <p>住院病人「不作心肺復甦術」文件</p>	<p>Patient's Gum Label (Patient's Gum Label should contain the patient's name, sex, date of birth, and HKID)</p>
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I. Diagnosis:

II. Current Condition:

Terminal illness
 Poor response to optimal therapy
 Profound neurological damage
 Others : _____

III. Communication on DNACPR, or previous decision on DNACPR:

Explanation on DNACPR provided to patient/relatives,
 For mentally competent patient: DNACPR accepted by patient
 For minor or mentally incompetent adult : DNACPR accepted by relative(s)
 Relatives (names & relationship to patient):
 The patient is mentally incompetent and has no family members
 The patient has a valid DNACPR form for non-hospitalized patients (copy of the form attached)
 The patient is transferred from another hospital for continuation of in-patient stay and has a valid DNACPR form for hospitalized patients (copy of the form attached)

Other remarks:

IV. Decision on DNACPR:

When the named patient develops cardiopulmonary arrest, **NO CPR** (neither artificial ventilation, external cardiac compression, nor defibrillation) should be given for the following reason(s):

he/she is unlikely to benefit from **CPR**
 CPR is against his/her wish

However, all other appropriate treatment will be provided.

V. Signatures of healthcare team doctors (please see notes at the back of the form):

Doctor: Name: _____ Signature: _____ Date: _____	Specialist doctor: Name: _____ Signature: _____ Date: _____	Department: _____ Hospital: _____
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VI. Review (please see notes at the back of the form):

Date	Doctor		Department	Continue DNACPR? (please tick)		Please cross out this form if DNACPR is revoked
	Name	Signature		Yes	No	
						↓ Please cross out this form if DNACPR is revoked

DNACPR FORM FOR HOSPITALIZED PATIENTS HA9615/MR

