

# Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) Order

(With Continuing Effect)

(AMD-Based)

(Made under the Advance Decision on Life-sustaining Treatment Ordinance (*the Ordinance*))

## **Part 1: Personal Particulars of Subject Person**

(Please tick the appropriate boxes in this Part.)

Name: \_\_\_\_\_ (*subject person*)

Details of Identity Document (*Please choose one*):

Hong Kong Identity Card No.: \_\_\_\_\_

Passport (*Please state the issuing region and number*): \_\_\_\_\_

Other Identity Document (*Please state the type, issuing region and number*): \_\_\_\_\_

Sex:  Male  Female

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

(Optional) Emergency Contact of Subject Person

Name: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

## **Part 2: Effective Period**

(Note: The effective period of this Order stated in this Part should not exceed 1 year.)

The effective period of this Order begins on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_,  
(Day) (Month) (Year)

the date on which this Order is made, and ends at 24:00 hours on  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
(Day) (Month) (Year)

## **Part 3: 1<sup>st</sup> Extension of Effective Period**

(Note: An extension should not exceed 1 year.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I EXTEND the effective period of this Order. The extended effective period is to end at 24:00 hours on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
(Day) (Month) (Year)

I make the No Interest Declaration<sup>(See Part 6)</sup>.

Signature: \_\_\_\_\_ Date of Signing: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

Name of Registered Medical Practitioner: \_\_\_\_\_

Medical Council Registration No.: \_\_\_\_\_

Hospital/Clinic\*: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

(For any subsequent extension, please use a continuation sheet in the form of Form 4 prescribed in Schedule 3 to the Ordinance. If a continuation sheet is used, it should be attached to this Order. Once used and attached, it forms part of this Order.)

(\* Delete as appropriate.)

#### **Part 4: Decisions of Registered Medical Practitioners**

(Please tick the appropriate box or boxes in this Part.)

We, the registered medical practitioners who sign below, declare as follows—

1. We certify that the subject person is—

- terminally ill (within the meaning of section 4 of the Ordinance);
- in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance;
- in an other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely \_\_\_\_\_.

2. We decide to **ORDER THAT CARDIOPULMONARY RESUSCITATION (CPR)<sup>+</sup> IS NOT TO BE PERFORMED ON THE SUBJECT PERSON** when he/she is in cardiopulmonary arrest. This Order is made on the basis of an instruction of the subject person not to perform CPR on him/her. The instruction is contained in an advance medical directive made by him/her on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

and is valid. The medical condition diagnosed above falls within the specified precondition of the instruction.

(<sup>+</sup> Examples of procedures in CPR are external cardiac compression, artificial ventilation and defibrillation.)

3. We decide on the effective period of this Order in Part 2.

Registered Medical  
Practitioner 1

- (a) I declare that I am a registered medical practitioner who is a specialist.
- (b) I make the No Interest Declaration<sup>(See Part 6)</sup>.

Registered Medical  
Practitioner 2

- (a) I declare that I am a registered medical practitioner.
- (b) I make the No Interest Declaration<sup>(See Part 6)</sup>.

Signature: \_\_\_\_\_

Date of Signing: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signing: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

Name: \_\_\_\_\_

Medical Council Registration No.: \_\_\_\_\_

Medical Council Registration No.: \_\_\_\_\_

\_\_\_\_\_  
Hospital/Clinic\*: \_\_\_\_\_

\_\_\_\_\_  
Hospital/Clinic\*: \_\_\_\_\_

Contact Tel. No.: \_\_\_\_\_

Contact Tel. No.: \_\_\_\_\_

(\* Delete as appropriate.)

**Part 5: Notes to Treatment Providers/Rescuers**

You should disregard this Order and perform CPR on the subject person who is in cardiopulmonary arrest if—

- (a) this document is not the original copy, or a certified copy, of this Order;
- (b) the effective period of this Order has ended;
- (c) you have doubts about the validity or applicability of this Order; or
- (d) you determine that there is reason to suspect that the cardiopulmonary arrest the subject person is in arises from—
  - (i) an unnatural cause; or
  - (ii) an injury that is self-inflicted or inflicted by another person.

**Part 6: Content of No Interest Declaration**

In this Order (including any continuation sheet), the No Interest Declaration is a declaration that “To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the subject person.”.