

Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) Order

(With Continuing Effect)

(Not AMD-Based)

(For Mentally Incapable Adult)

(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: 1st 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^(See Part 8).

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 are satisfied that the subject person is an adult who is mentally incapable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance).
3. We are not aware that the subject person has an advance medical directive that contains an instruction not to perform cardiopulmonary resuscitation (**CPR**) on him/her.
4. We decide to **ORDER THAT CPR⁺ IS NOT TO BE PERFORMED ON THE SUBJECT PERSON** when he/she is in cardiopulmonary arrest. This Order is made on the basis that performing CPR in such circumstances would not be in the subject person's best interests.

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

5. 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^(See Part 8).

Signature: _____

Date of Signing: _____ / _____ / _____
(Day) (Month) (Year)

Name: _____

Registered Medical
Practitioner 2

- (a) I declare that I am a registered medical practitioner.
- (b) I make the No Interest Declaration^(See Part 8).

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: Declarations of Registered Medical Practitioner who Signs Part 4

(Please tick the appropriate boxes in this Part.)

I, Registered Medical Practitioner 1 or 2 who signs Part 4, declare as follows—

- (a) I am satisfied that, despite reasonable efforts having been made, no person who is, under section 32(5) of the Ordinance, eligible to act for the purposes of Part 6 can be found. The declarations in Part 6 are not needed.

OR

- (b)(i) I have advised the person who makes the declarations in Part 6 (***Part 6 declarant***) that performing CPR on the subject person when the subject person is in cardiopulmonary arrest would not be in the subject person’s best interests.

(Declaration (b)(ii) is applicable if declaration (b)(i) is made and the Part 6 declarant is not a responsible person (as defined by section 25 of the Ordinance) of the subject person (responsible person).)

- (b)(ii) I am satisfied that, despite reasonable efforts having been made, no responsible person can be secured to act.

I determine that the Part 6 declarant is in a good position to form a view as to whether performing CPR on the subject person when the subject person is in cardiopulmonary arrest would be in the subject person’s best interests.

Signature: _____

Date of Signing: _____ / _____ / _____

(Day) (Month) (Year)

Part 6: Declarations of Person Eligible to Act under Section 32(5) of Ordinance

(This Part is not applicable if one of the registered medical practitioners who signs Part 4 makes declaration (a) in Part 5 and signs that Part.)

(If this Part is applicable, please tick the appropriate boxes in this Part.)

I declare as follows—

1. I have attained 18 years of age.

2. I am—

- a responsible person (as defined by section 25 of the Ordinance) of the subject person; or
- determined to be a person eligible to act under section 32(5)(b)(ii) of the Ordinance as regards the subject person.

3. I have been advised by the registered medical practitioner who signs Part 5 that performing CPR on the subject person when the subject person is in cardiopulmonary arrest would not be in the subject person's best interests. I agree with the advice.

Signature: _____ Name: _____

Date of Signing: _____ / _____ / _____
(Day) (Month) (Year)

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*): _____

Relationship with Subject Person: _____

Home Address: _____

Contact Tel. No.: _____

Part 7: 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 8: 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.”.