



NO CARDIOPULMONARY RESUSCITATION

Patients who know they have a life-limiting illness or who are considered at the natural end of their lives can request beforehand that no cardiopulmonary resuscitation be started on their behalf when they are dying. This should be done after discussions with their doctor. "No cardiopulmonary resuscitation" is defined as no cardiopulmonary resuscitation (no CPR) in the event of a respiratory and/or cardiac arrest.

This form is provided to you and/or your next of kin by your doctor to allow you to clearly state that you do not want cardiopulmonary resuscitation to be given to you in circumstances where you can no longer make decisions for yourself. It instructs people such as ambulance attendants and emergency room personnel not to start cardiopulmonary resuscitation on your behalf whether you are at home, in the community or in a residential care facility. The personal information collected on this form assists the health professionals noted above to carry out your wishes. If you have any questions about the collection of this information contact the **Ministry of Health Services at 250-952-1742 or toll-free at 1-800-465-4911.**

Once the form is duly signed, your doctor or alternate should be called first to attend to your needs, not the BC Ambulance Service. You or your next of kin should have the form available to show to emergency help if they are called to come to your aid. It is desirable that you wear a MedicAlert® no CPR bracelet or necklet to enable quick verification that you have a No CPR order in place. To obtain a free bracelet/necklet, please call 1 800 668-1507, or visit the website at www.medicalert.ca/nocpr. If you change your wishes about this matter, then please inform your doctor, community nurse or residential care facility nurse and MedicAlert and tear up the form.

PATIENT IDENTIFICATION	SURNAME		BIRTHDATE (YY/MM/DD)
	GIVEN NAMES		
	ADDRESS		TELEPHONE NUMBER
SIGNED BY THE PATIENT	I, _____ (<i>patient's name in full</i>) understand and accept that I have been diagnosed as having a life-limiting illness or am considered to be at the natural end of my life and that my care is to include support and comfort only and that no cardiopulmonary resuscitation is to be undertaken. I hereby make the consent decision that in the event of a respiratory and/or cardiac arrest, no cardiopulmonary resuscitation is to be undertaken. This decision shall be in effect unless rescinded and should be reviewed in one year.		
	PATIENT'S SIGNATURE		DATE
SIGNED BY THE PATIENT'S AUTHORIZED SUBSTITUTE DECISION MAKER (ASDM) <i>(WHERE THE PATIENT IS INCAPABLE OF MAKING A CONSENT DECISION)</i>	I, _____, am the authorized substitute decision maker <i>(name of the patient's authorized substitute decision maker)</i>		
	of _____ (<i>name of patient identified above</i>) and I understand and accept that care is to include support and comfort only and that no cardiopulmonary resuscitation is to be undertaken. I hereby make the consent decision that in the event of a respiratory and/or cardiac arrest, no cardiopulmonary resuscitation is to be undertaken. This decision shall be in effect unless rescinded and should be reviewed in one year.		
	SIGNATURE OF THE PATIENT'S AUTHORIZED SUBSTITUTE DECISION MAKER	DATE	SIGNATURE OF WITNESS
	RELATIONSHIP OF THE PATIENT'S AUTHORIZED SUBSTITUTE DECISION MAKER TO THE PATIENT <i>(e.g. representative, committee of person, or temporary substitute decision maker)</i>		WITNESS (IN PRINT)
PHYSICIAN ONLY			
PHYSICIAN'S NO CPR ORDER <input type="checkbox"/> Patient (or ASDM) agrees and has signed this form <input type="checkbox"/> Patient (or ASDM) agrees but has declined signing this form <input type="checkbox"/> Patient (or ASDM) disagrees with my order and has declined signing this form	The above identified patient has been diagnosed as having a life-limiting illness, or is considered to be near the natural end of their life. I have discussed the prognosis of this illness, the life expectancy, the person's wishes and the treatment options with the patient/patient's authorized substitute decision maker. Based on this discussion, I order that in the event of a respiratory and/or cardiac arrest no cardiopulmonary resuscitation is to be undertaken. This order shall be in effect unless rescinded and should be reviewed in one year.		
	ATTENDING PHYSICIAN'S NAME (IN PRINT)		ALTERNATE PHYSICIAN'S NAME (IN PRINT)
	ATTENDING PHYSICIAN'S ADDRESS	PHONE NUMBER	ALTERNATE PHYSICIAN'S PHONE NUMBER
	ATTENDING PHYSICIAN'S SIGNATURE		DATE

COPY 1 – TO PATIENT COPY 2 – TO ATTENDING PHYSICIAN COPY 3 – COMMUNITY HOME CARE NURSING SERVICES OR RESIDENTIAL CARE FACILITY (IF PATIENT IN CARE)

PATIENT/FAMILY INSTRUCTIONS

Just looking at this form may be one of the most difficult things you have ever done. Many thoughts and emotions may surface. So often people try to ignore their mortality, yet we all know it is one of the facts of life: we all, one day, will die.

The purpose of this document is not to tell you when you will die. This document is offered to you because the disease/condition with which you are faced is a life-limiting one. It is hoped this form will encourage you to express your wishes about what you would like to have happen in the event you stop breathing or your heart stops beating. Take time to thoughtfully consider this document and to ask your health care professionals what resuscitation would entail and any risks to quality and/or quantity of life that might accompany resuscitation of a person in your condition.

If you live in a residential care facility, your doctor and care team will help you and/or your legal representative to make choices and plans about the end of life. When your choice is to die at home, you will need to make additional plans. The steps you will need to consider in your plan are listed below.

If you are a family member who is asked to consider this document on behalf of your loved one, all of what is said above applies also. This can be a stressful decision. Remember to seek support from trusted family members, friends and/or your spiritual advisor.

IF YOU WANT TO DIE NATURALLY AT HOME

INDIVIDUAL/FAMILY

What to Do Ahead of Time

- Discuss the option of an in-home death with your family physician and community home care nurse.
- Make a plan with your family physician and community home care nurse so you are clear about what will happen and so family, friends or caregivers will know what to do at the time of death. You need to write in your plan:
 - who will pronounce death, IF pronouncement is planned. Pronouncement is NOT necessary if a "Notification of Expected Home Death" form has been completed earlier by your doctor. The form can be found at the URL below.
 - how your physician can be reached;
 - what alternate arrangements have been made should your physician be unavailable or cannot be reached;
 - which funeral home will be called to transport the deceased.
- Make prearrangements with a funeral home. Such arrangements will normally involve selecting the funeral home and making plans with the funeral director for transportation of the deceased after death and the method of final disposition. For information on funeral homes in your area, you could contact the B.C. Funeral Association at 1-800-665-3899.
- Communicate in writing your plan to family, friends, and others such as your spiritual advisor so they may support your decisions and respect your wishes.
- Ensure that a copy of this form is easily available in your home. If you and your dying relative/friend are away from your home for any reason, take the form with you so it's available should it be necessary.

FAMILY/FRIENDS

What to Do at the Time of Death

- DO NOT CALL 911, the ambulance, coroner, police, or fire department.
- CALL family, friends, and the spiritual advisor you would like to have present.
- CALL the physician or community home care nurse to pronounce death IF a "Notification of Planned Home Death" form has NOT been completed, AND/OR pronouncement is planned.
 - If your physician or community nurse cannot be reached, CALL the backup physician or nurse if prearranged;
- IF a "Notification of Planned Home Death" form HAS been completed AND is in your home, call the funeral home after one hour or more has passed since your loved one's breathing has stopped.
 - You do NOT need to call the doctor about completing a Medical Certificate of Death form. The funeral home can contact the physician to obtain a signed certificate within 48 hours, because the body cannot be released for burial or cremation without it.

People to Call	Name	Telephone Number
Physician		
Alternate Physician		
Community Nurse		
Funeral Home		
Spiritual Advisor		
Home Support Agency		
Hospice Program		
Family and Friends		

**For more information, call 1 800 465-4911 or in Victoria 250 952-1742
or refer to our document at www.health.gov.bc.ca/hcc/pdf/expected_home_death.pdf**

There are communities in British Columbia without physicians who live in the community and without a funeral home. It is essential that these situations be discussed by the patient, family and physician and an appropriate plan suitable for the community be made in advance.