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| A red and white sign  Description automatically generated with medium confidence | **CLINICAL SUPPORT SERVICES****HOSPITAL PENGAJAR UPM** |
| **BORANG *DO NOT ATTEMP CARDIOPULMONARY RESUSCITATION* (*DNACPR*) DEWASA****(Individu Berumur 18 Tahun dan Ke Atas)** |

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| **Sekiranya berlaku *cardiac* atau *respiratory arrest*, prosedur *Cardiopulmonary Resuscitation* (CPR) tidak akan dilakukan. Semua rawatan dan penjagaan lain yang sesuai akan diberikan** |
| **SEKSYEN 1: BUTIRAN PESAKIT** | **Tarikh DNACPR:****/ /**  |
| Nama: |
| KP/Passport No: |
| UPM No: | Umur: | **SALINAN BORANG ADALAH DILARANG** |
| Tarikh Lahir: | Jantina: |
| **SEKSYEN 2: DIAGNOSIS \*(Sila nyatakan maklumat yang berkaitan)** |
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| **SEKSYEN 3: SEBAB *DNACPR*** |
| CPR tidak dapat memanjangkan jangka hayat dan tidak bermanfaat kepada pesakit. (Sila nyatakan maklumat yang berkaitan) |
|  CPR mungkin boleh memanjangkan jangka hayat tetapi tidak boleh memperbaiki kualiti hidup pesakit dan  tidak meringankan beban terhadap penyakit dan juga rawatan kepada pesakit. (Sila nyatakan maklumat yang berkaitan) |
|  Lain-lain: (Sila nyatakan maklumat yang berkaitan) |
| **SEKSYEN 4 : Pegawai/Pakar Perubatan yang Melengkapkan dan Mengesahkan Keputusan *DNACPR*** |
| **Pegawai Perubatan yang melengkapkan borang :**(Note: Tandatangan Pegawai Perubatan perlu disahkan oleh Pakar/Pakar Perunding) | **Disahkan Oleh:**(Pakar/Pakar Perunding) |
| Nama:Jawatan:Tarikh:Masa: …................................................................ (Tandatangan dan Cap) | Nama:Jawatan:Tarikh:Masa: …................................................................ (Tandatangan dan Cap) |
| **SEKSYEN 5 : PERBINCANGAN BERSAMA PESAKIT/WARIS** |
| **(Penjelasan DNACPR perlu diberikan kepada pesakit/waris, kecuali jika melakukannya akan menyebabkan kesulitan)****Pesakit mempunyai keupayaan mental untuk terlibat dalam perbincangan. YA ( ) TIDAK ( )****Pesakit terlibat dalam perbincangan. YA ( ) TIDAK ( )** |
| Nama: | Tarikh & Masa: |
| Hubungan: | KP/Pasport No Pesakit/Waris :  |
| Tandatangan Pesakit/Waris : | Saksi (Nama & Cop): |
| Sekiranya tidak ada perbincangan bersama pesakit/waris, sila nyatakan alasannya: |
| **JIKA SEMAKAN DNACPR DILAKUKAN- BUAT DUA GARISAN DI ATAS BORANG.****SILA TULIS NAMA, TARIKH, TANDATANGAN DAN ALASAN PEMBATALAN** |

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| A red and white sign  Description automatically generated with medium confidence | **CLINICAL SUPPORT SERVICES****HOSPITAL PENGAJAR UPM** |
| **ADULT DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) FORM****(Individual Age 18 years old and above)** |

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| **In the event of cardiac or respiratory arrest, no attempt of CPR will be made.****All other appropriate treatment and care will be provided** |
| **SECTION 1: PATIENT DETAILS** | **Date of DNACPR decision:****/ /** |
| Name: |
| IC/Pasport No: |
| UPM No: | Age: | **DO NOT PHOTOCOPY** |
| Date of Birth: | Gender: |
| **SECTION 2: DIAGNOSIS \*(Please provide relevant details)** |
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| **SECTION 3: REASON FOR DNACPR** |
| CPR is unable or unlikely to prolong life significantly and may not be in the patient's best interest. (Please provide relevant details) |
|  CPR may be able to prolong life but will not significantly improve quality of life and will not alleviate the burdens  associated with illness or treatment itself: (Please provide relevant details) |
| Others: \*(Please provide relevant details) |
| **SECTION 4: HEALTHCARE PROFESSIONAL MAKING THIS DNACPR DECISION** |
| **Healthcare Professional Recording this decision**(Note: Medical Officer's signature must be endorsed by Specialist/Consultant) | **ENDORSED BY:**(Specialist/Consultant) |
| Name:Position:Date:Time: …................................................................ (Sign and Stamp) | Name:Position:Date:Time: …................................................................ (Sign and Stamp) |
| **SECTION 5: COMMUNICATION WITH PATIENT/PATIENT'S NEXT OF KIN (NOK)** |
| **(Please explain to patient/patient's NOK the reason of Do Not Attempted CPR apply, unless doing so would cause unnecessary distress)****Patient has the mental capacity to involve in the discussion. YES ( ) NO ( )****Patients involve in discussion. YES ( ) NO ( )** |
| Name: | Date & Time: |
| Relationship: | IC/Pasport No of Patient/NOK:  |
| Signature of patient/NOK: | Witness by (Name & Stamp): |
| If no discussion being made with patient/patient's NOK, please justify the reasons: |
| **IF REVISION OF DNACPR IS MADE - CLEARLY CROSS THROUGH THIS DOCUMENT WITH 2 LINES.****PLEASE WRITE NAME, DATE, SIGNATURE AND REASON FOR CANCELLATION** |