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|  | **PERKHIDMATAN KLINIKAL SOKONGAN****HOSPITAL PENGAJAR UPM** |
| **BORANG *DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION* PEDIATRIK (DNACPR)****(Individu berumur kurang daripada 18 tahun)** |

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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/Pasport 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 : TANDATANGAN IBU BAPA ATAU PENJAGA** |
| Nama: | Tarikh & Masa: |
| Hubungan: | KP/Pasport Ibubapa / Penjaga:  |
| Tandatangan : | 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** |
| **PEDIATRIC DO NOT ATTEMP CARDIOPULMONARY RESUSCITATION (DNACPR) FORM****(Individual age less than 18 years old)** |

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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/Passport 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 COMPLETING 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: SIGNATURE OF PARENT/PERSON HOLDING PARENTAL RESPONSIBILITY** |
| Name: | Date & Time of discussion: |
| Relationship: | IC/Passport No of Parent/Person holding parental responsibility |
| Signature: | 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** |