

Joint NMC/RCN statement regarding Decisions Relating to Cardiopulmonary Resuscitation (CPR)

March 2020

Statement on CPR decisions

This statement is intended to reiterate and augment our position regarding CPR decisions, which was initially published in 2017.

Guidance was developed jointly in 2016 by the Resuscitation Council, BMA and RCN called '**Decisions relating to cardiopulmonary resuscitation**'. The NMC remains supportive of this guidance.

While the guidance recommends that: "Where no explicit decision about CPR has been considered and recorded in advance there should be an **initial presumption in favour of CPR**", the guidance clarified: " '...an initial presumption in favour of CPR' ...**does not mean indiscriminate application of CPR that is of no benefit and not in a person's best interests.**"

Section 8 of the guidance states that: "**...there will be cases where healthcare professionals discover patients with features of irreversible death – for example, rigor mortis. In such circumstances, any healthcare professional who makes a carefully considered decision not to start CPR should be supported by their senior colleagues, employers and professional bodies.**"

In both of the situations described above, where a decision is taken not to start CPR in the absence of a prior decision not to attempt resuscitation, the NMC fully supports Nurses and Midwives, and Nursing Associates in England, to use their professional judgement to decide what action should be taken in the best interests of the person in their care. All our registrants must uphold the **standards in the Code**, which are useful to support decision making.

A key issue is the way professionals evidence how they have used their professional judgement to make this important decision. Whenever professionals make a decision, in this or any other situation, it is incumbent upon them to be able to explain how they applied their professional judgement to support it. This should include being able to articulate the rationale for their decision and demonstrate what evidence they used. In order that their decision making process can be understood by others who have a legitimate interest, they should then formally record their decision making process, the action they chose to take, and the outcome.

It is the duty of health and care provider organisations to have appropriate evidence based policies in place, to provide the appropriate education and training for those working in an environment in which they may encounter death or cardiac arrest, and to ensure that best practice in line with Resuscitation Council guidelines is implemented.