

HERTFORDSHIRE RED BAG MEDICATION DO'S & DON'TS

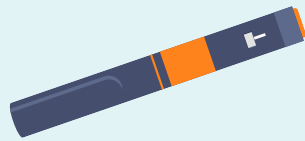
SEND TO HOSPITAL
In use:

INHALERS



**EYE
DROPS**

**INSULIN
PEN**



SPACER

**PRESCRIBED CREAMS
(Not barrier creams)**



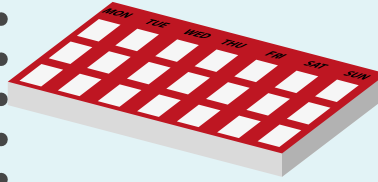
**LIQUID
MEDICATION**



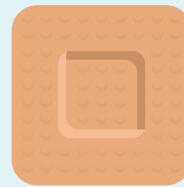
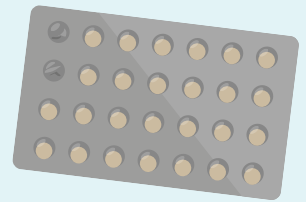
DO NOT SEND TO HOSPITAL



**MULTI-
COMPARTMENT
COMPLIANCE
AIDS**



TABLETS



PATCHES

**CONTROLLED
DRUGS**



INJECTIONS



**SUPPLEMENTS/
FEEDS**



For more information
visit: www.hertsredbag.co.uk

DNACPR – you asked, we answer

There are many myths and misconceptions amongst staff regarding DNACPRs. So we thought we'd share this Q&A with you, to clarify what your roles and responsibilities are.

This Q&A comes from discussions with frontline staff and those with an active interest in end of life (EoL) care. A working group was set up and held in May to begin discussions, share ideas and hopefully address some of the issues that arise when supporting patients who are at the end of their life.

Is a black and white copy of a DNACPR acceptable?

Yes is the short answer. In an ideal world all DNACPRs would have the red border but in reality this is not always the case. The forms are available for GPs to print and this means that sometimes they will be printed in black and white (or photocopied) as a colour printer is not available.

It is, however, vital that the signature authorising the form is an original signature and that this has not been photocopied. This may be difficult to ascertain, but you need to be confident that the form contains an original signature.

Does the original DNACPR need to travel to the hospital with the patient?

The original copy belongs to the patient and should always stay with the patient. However, we all know that sometimes this can

be difficult and care homes can be reluctant to send the original form with the patient, as it often does not find its way back again. If this happens, it is appropriate to either take a photocopy which you have validated (signed to say you have seen the original) or just to leave it at the home with the knowledge that you know it exists should it needed to be acted upon on route to the hospital. Explain to the hospital when you handover and they can take steps of their own if required.

If I am told by a carer or family member that they think there might be a DNACPR 'somewhere' what should I do?

A DNACPR should be with the patient and should be seen by you. However, remember to look at the bigger picture and base your decision around all the available information (is patient EoL? Do they have an EoL package? Are they viable for resus and is it appropriate? etc). See below regarding EoL patients with no DNACPR.

Does the DNACPR have to be an east of England form?

Ideally yes. The majority of DNACPRs in the community will have east of England forms, with the NHS logo in the top corner. However if a patient is visiting from out of area for example, it is possible that the form may not be an east of England one. This does not make it invalid. The layout and signature box will be very similar.

