[insert name and address of recipient]

[insert name and address of sender]

[insert date]

Dear [insert name of CEO of hospital/Director of Adult Services/ PALS contact]

**Re.:** [insert name]

**D.O.B.**: [insert date of birth]

**NHS No.** : [insert NHS number]

I am writing to urgently raise my concerns about the Do Not Attempt Resuscitation decision made on [insert date] in relation to [insert name]. I am concerned that

* the correct procedure for decision making was not made [delete as appropriate]
* the appropriate people were not involved in the best interests decision relating to the DNAR [delete as appropriate]
* a second opinion was not sought despite the lack of consensus in the medical team [delete as appropriate]
* the DNAR decision has not been properly recorded because [insert details]

**Facts of the case**

[Insert name] was admitted into hospital on [insert date]. [insert name] was admitted because [insert details of admission]. Upon admission [insert name] was [insert details of health upon admission e.g. taking food, able to walk]

[Insert name] was treated by [insert name of Doctor] for [insert details of treatment]

[insert name] is now [insert details of current state of health].

Given the fragile nature of [insert name’s health adequate and appropriate anticipatory planning is required in relation to CPR. [delete as appropriate]

I am now particularly concerned that

* [insert details of specific concerns e.g. there is no indication that CPR would not be successful in the event of a cardiac arrest] [delete as appropriate]
* [insert details of specific concerns e.g. a mental capacity assessment/best interests assessment has not been carried out] [delete as appropriate]
* [insert details of specific concerns e.g. the relevant people were not consulted in relation to the DNAR Decision] [delete as appropriate]
* [insert details of specific concerns e.g. On [insert date], [insert name of medical professional] indicated to me that they do not agree with the DNAR decision. Given that there is not consensus in the medical team, a second opinion should be sought.] [delete as appropriate]
* [insert details of specific concerns e.g. [insert name of medical professional] has not had adequate or appropriate training in determining the success of CPR or whether or not to apply a DNAR] [delete as appropriate]
* [insert details of specific concerns e.g. There has been inadequate recording of the DNAR Decision.] [delete as appropriate]

## I refer you to the Decisions relating to Cardiopulmonary Resuscitation (3rd edition - 1st revision ) Guidance from the British Medical Association, the Resuscitation Council (UK), and the Royal College of Nursing (previously known as the "Joint Statement")  which sets out how clinicians should make DNAR Decisions. The Guidance can be found here:<https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>

**Next Steps**

In light of the facts above, I would like to urgently request that

* The hospital carries out an urgent investigation into the failures in relation to the DNAR Decision making [delete as appropriate]
* The hospital take immediate steps to ensure that reasonable adjustments are made and that appropriate and adequate treatment is provided to [insert name] [delete as appropriate]
* the hospital removes the DNAR notice from the medical notes of [insert name] with immediate effect [delete as appropriate]
* the hospital seeks a second opinion from an independent senior clinician as soon as possible and at the latest by [insert date] [delete as appropriate]
* a new DNAR decision is made / the DNAR decision is reviewed as soon as possible and at the latest by [insert date] [delete as appropriate]

Given the urgency of this matter, I look forward to hearing from you in this regard within the next [24/48 hours] [delete as appropriate]. If we do not hear from you within this time period we will seeking legal advice [delete as appropriate]

Yours sincerely,

[insert name]

[insert job title]

[insert name of org]

[insert telephone number]