

# Health Service Circular



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*sets out a specific action on the part of the recipient with a deadline where appropriate*

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## Resuscitation Policy

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**For action by:** NHS Trusts - Chief Executives

**For information to:** NHS Trusts - Medical Directors  
NHS Trusts - Directors of Nursing  
Community Health Councils - Chief Officers  
Primary Care Groups - Chairs  
Health Authorities (England) - Chief Executives

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# RESUSCITATION POLICY

## Summary

NHS Trust chief executives are asked to ensure that appropriate resuscitation policies which respect patients' rights are in place, understood by all relevant staff, and accessible to those who need them, and that such policies are subject to appropriate audit and monitoring arrangements.

## Action

Recent reports raise serious concerns about standards of resuscitation decision-making in the NHS.

**Chief executives** should ensure that:

- patients' rights are central to decision-making on resuscitation;
- the Trust has an agreed resuscitation policy in place which respects patients' rights;
- the policy is published and readily available to those who may wish to consult it, including patients, families and carers;
- appropriate arrangements are in place for ensuring that all staff who may be involved in resuscitation decisions understand and implement the policy;
- appropriate supervision arrangements are in place to review resuscitation decisions;
- induction and staff development programmes cover the resuscitation policy;
- clinical practice in this area is regularly audited;
- clinical audit outcomes are reported in the Trust's annual clinical governance report;
- a non-executive Director of the Trust is given designated responsibility on behalf of the Trust Board to ensure that a resuscitation policy is agreed, implemented, and regularly reviewed within the clinical governance framework.

## Background & Other Information

1. Resuscitation decisions are amongst the most sensitive decisions that clinicians, patients and parents may have to make. Patients (and where appropriate their relatives and carers) have as much right to be involved in those decisions as they do other decisions about their care and treatment. As with all decision-making, doctors have a duty to act in accordance with an appropriate and responsible body of professional opinion.
2. In 1991 the Chief Medical Officer of the time wrote to all consultants in England (PL/CMO(91)22) to emphasise their responsibility for ensuring that resuscitation policy was in place and understood by all staff who may be involved, particularly junior medical staff. Chief executives should ensure that consultants are aware of, and fulfil, this responsibility. Recent reports raise serious concerns concerning the current implementation of resuscitation policy.
3. The revised joint statement from the British Medical Association, Resuscitation Council (UK) and the Royal College of Nursing *Decisions Relating to Cardipulmonary Resuscitation* (1999) is commended as an appropriate basis for a resuscitation policy. The guidance is available at [www.resus.org.uk/pages/DNR3.htm](http://www.resus.org.uk/pages/DNR3.htm).
4. Audit of the implementation of resuscitation policy should involve all relevant clinicians, and identify any areas where improvement is required - for example ensuring that decisions made on admission are properly reviewed by the clinical team and that patients, and where appropriate relatives, have been properly involved in the process. Clinical audit data should be made available to the Trust medical director and the clinical governance lead, and to the Commission for Health Improvement.
5. The Secretary of State has asked the Commission for Health Improvement (CHI) to pay particular attention to resuscitation decision-making processes as part of its rolling programme of reviews of clinical governance arrangements put in place by NHS organisations.

*This Circular has been issued by:*

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