EMERGENCY HOSPITAL ACTION SHEET — FOR VULNERABLE PATIENTS

Please place this sheet at the front of the patient's medical notes or nursing folder

Date Completed: ……

🔷 Patient Details

Patient name: ……..
Preferred name (if different): ……..
Primary condition / vulnerability (learning disability, autism, dementia, neurological disorder, communication difference, etc): ……..

Baseline health summary: ……..
……..
Typical communication needs (e.g. verbal, non-verbal, slow responses, AAC, gestures, extra time needed): ……..

Triggers / distress causes (noise, bright lights, physical touch, procedures, crowds, etc):
What helps the patient feel calm and safe: ……..

🔷 Family / Advocate Contact

Primary family contact / advocate: ……
Relationship to patient: ……..
Phone (mobile preferred): ……

Secondary contact (optional): ……
Phone: ……

🔷 Safety & Rights Statement

This patient is vulnerable.
A DNACPR must not be placed or reviewed without full consultation with the family or advocate.

If a DNACPR has already been placed or discussed, request:

- Who made the decision
- The clinical justification
- When and how the family will be consulted
- A review if the family disagrees with the decision

🔷 Additional Notes (optional)

Medical alerts / allergies: ……
Medications / essential routines: ……
Other information staff should know: ……

Family involvement is a safeguarding measure, not interference.
Consultation protects vulnerable patients from discrimination, assumptions about quality of life and best-interests mistakes.

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DNACPR QUESTIONS TO ASK — QUICK REFERENCE LIST

Use these questions politely but firmly if DNACPR is discussed or discovered.

🔷 Key questions

1. Has a DNACPR been placed or discussed?
2. Who authorised the decision?
3. What clinical reasons were used to justify it?
4. Was disability / learning disability / mental illness / communication needs listed as a factor?
    - If yes — request immediate review, as this is not acceptable under national guidance
5. Was the patient assessed for mental capacity?
6. Was the family or advocate consulted before the decision?
7. Where is the written record of the conversation and decision?
8. When will the DNACPR be reviewed?
9. Will the family be contacted before the review, and how will that contact take place?

(Silent DNACPR reviews can happen long after admission. This question ensures the family remains involved no matter when the review takes place.)

🔷 If you disagree with the decision

You have the right to ask for:

- A review by a senior consultant
- A second medical opinion
- A written explanation added to the patient's notes

Write names of all staff involved:

🔷 Emergency script (if pressured or dismissed)

If a staff member tries to bypass consultation, families can calmly state:

"I am the patient's advocate.
I am requesting full involvement in all major decisions, including DNACPR.
Please record my request and your response in the patient's notes."

🔷 Final reminder for families

Speaking up is not being difficult.
You are safeguarding someone who may not be able to speak for themselves.