**Joint NMC/RCN statement regarding Decisions Relating to Cardiopulmonary Resuscitation**

21.06.17

Statement on CPR decisions

Following recent publicity relating to fitness to practise cases regarding resuscitation we felt it was important to clarify the current position. Clear new guidance was developed jointly in 2016 by the Resuscitation Council, BMA and RCN called ‘[**Decisions relating to cardiopulmonary resuscitation**](https://www.rcn.org.uk/professional-development/publications/pub-005688)’. The NMC is 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.**"

All registered nurses and midwives must uphold the [**standards in the Code**](https://www.nmc.org.uk/standards/code/) which include always practising in line with the best available evidence and keeping their knowledge and skills up to date.

It is the duty of health and care provider organisations to have appropriate evidence based policies in place, and to provide the appropriate education and training for nurses working in an environment in which they may encounter death or cardiac arrest.