Witness Name: Kathleen Stewart
Statement No.: WITN1002001
Exhibits: WITN1002002 – 046
Dated: 27 September 2019

INFECTED BLOOD INQUIRY

EXHIBIT WITN1002028

The Royal Free Hospital NHS Trust

DO NOT ATTEMPT RESUSCITATION (DNAR)

A DNAR decision applies only to Cardiopulmonary Resuscitation. The Chief Medical Officer made it clear [PL/CMO(91)22] that responsibility for decisions about resuscitation status lies with the Consultant in charge of the patient's care, and s/he must consult with the multidisciplinary team. The views of the patient, with due regard to patient confidentiality, and the carers should also be considered. In the Consultant's absence, a deputy, i.e. Specialist Registrar, may initiate the order providing the consultant is notified as soon as possible.

Date: 2/8/02 Patient Name: Angus Stewart Hospital No: 213147

Name: S.K. Samarasinghe Grade: SpR.

It is my clinical judgement that cardiopulmonary resuscitation would not be appropriate for the above named patient for the following reasons:

1. The patient's condition indicates that CPR is unlikely to restore cardiopulmonary function **YES / NO**
2. CPR is not in accordance with the recorded sustained wishes of a mentally competent patient **YES / NO**
3. Successful CPR may restore cardiopulmonary function, but is likely to be followed by length and quality of life which would not be acceptable to the patient **(YES) NO**
4. Other (please state):

I have discussed and explained the question of cardiopulmonary resuscitation with the following health care professionals who agree that it would be inappropriate in this case:

(Please complete legibly in BLOCK CAPITALS. Medical staff initiating DNAR should be a Specialist Registrar)

Medical Staff, Name: _____ Grade: _____

Nursing Staff, Name: CHRIS HARRINGTON Grade: H

Consultant Notified: (YES) NO Dr Brown + Prof Lee informed.

I have discussed this with: the patient (YES) / NO

the carers(s) YES / NO

name(s) of carer(s) _____

relationship _____

Details of communication with doctors, nurses, patients and/or carers:
medical staff on Hansel ward informed
i.e. sister + liver SpR.

SIGNED: GRO-C DATE: 2/8/02

Please note the REVIEW PERIOD overleaf. The frequency of the review period should not exceed one week.

DNAR Form/ T&T/ Mdocs/ April 1999

HHA754

Review Date: ____/____/____ Signed: __________

Name: __________ Grade: __________
Please PRINT

Details of communication with doctors, nurses, patient and/or carers:

Review Date: ____/____/____ Signed: __________

Name: __________ Grade: __________
Please PRINT

Details of communication with doctors, nurses, patient and/or carers:

Review Date: ____/____/____ Signed: __________

Name: __________ Grade: __________
Please PRINT

Details of communication with doctors, nurses, patient and/or carers:

Review Date: ____/____/____ Signed: __________

Name: __________ Grade: __________
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Name: __________ Grade: __________
Please PRINT

Details of communication with doctors, nurses, patient and/or carers: