

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION DECISIONS ONLY

Mental capacity assessment

This form is a legal requirement. It is to be completed alongside the ReSPECT form
This MCA form should be filled with the ReSPECT in the front of the patient notes

The mental capacity assessment applies to people over the age of 16 years old

The five key principles

- A person must be assumed to have capacity unless it is established that (s)he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him / her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because (s)he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
- Before the Act is done, or decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action.

Good record keeping will be required to evidence this

Example and guidance for using the mental capacity assessment form

Has to be time specific and decision specific

Have you explained the purpose of the assessment?

Yes No

What is the decision being made?

The decision being made is for
Do Not Attempt Cardiopulmonary Resuscitation.

Are they likely to regain capacity? Yes No

Does the decision have to be made now? Yes No

Is there an impairment of / or disturbance in the functioning of the persons mind or brain, eg delirium, dementia ect?

Mr B has a diagnosis of dementia which impacts on his ability to make decisions

What practical steps have been taken to help the person make the decision?

Included close family members who are familiar to the patient

Overall, do you consider on the balance of probability, that there is sufficient evidence to indicate that the person lacks capacity to take part in the decision making process.

Lacks capacity

You must now complete the Best interest decision section overleaf.

Please note that mental capacity requires assessment before you can carry out treatment / activate DOLS or consent form 4 – no formal assessment procedure is required for day to day decisions, ie assisting in eating / drinking daily hygiene needs etc, please record in nursing and medical notes.

Please enquire if the relatives have Power of Attorney / Advance Directives.

Functional Test

You **MUST** provide evidence on how you came to your opinion in the red box below.

Can they understand relevant information?

Yes No

Evidence:

Can they retain that information? **Yes** **No**

Evidence:

Can they weigh up information as part of the decision making process (insight)

Yes No

Evidence:

Can they communicate their decision by whatever means they can eg, writing

Yes No

Evidence:

Do they require an IMCA / DoLS

Examples of people who might either have impaired capacity or lack capacity altogether in relation to decision making:

- living with dementia / impaired cognitive function
- living with learning disabilities
- living with severe psychiatric disorders / with mental health illness
- experiencing delirium
- with fluctuating capacity or consciousness
- living with a long-term brain injury
- under the influence of drugs / substance abuse
- it also includes people who are unconscious.

Mental capacity assessment

Patient name:
Hospital No:

Date:	Time:
Ward:	

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Date:	Time:
Ward:	

Walsall Healthcare **NHS**
NHS Trust

Mental capacity assessment

Patient label

Have you explained the purpose of the assessment?

Yes No

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Evidence:

Can they communicate their decision by whatever means they can eg, writing

Yes No

Evidence:

Do they require an IMCA / DoLS

Signature:	Print name:
Position / role :	

You must now complete the Best interest decision section overleaf.

Best interest decision – other factors that may influence care

- Do you know of any past or present wishes? (Advance Directives / Power of Attorney for health welfare).
- What are the person beliefs and values likely to influence their decision if they were able to make it?

Document discussions that have taken place **with significant others (eg, family / IMCA).**

Best interest decision

In view of the patients current medical condition and taking into account the views of the (family and those close to the patient, it would not be appropriate to attempt resuscitation.

Referrals for Independent Mental Capacity Advocacy contact:

Tel: 0300 456 2370 – Fax: 0300 456 2365 – Email: pohwer@pohwer.net