



every moment matters

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# Cardiopulmonary Resuscitation (CPR) Decisions

## Information for patients and carers

This leaflet explains what cardiopulmonary resuscitation (CPR) is and how decisions are made about it. This leaflet may be useful to your relatives, friends and carers. It may not answer all your questions about CPR but it should help you to think about the issue.

If you have any questions, please talk to one of the health professionals caring for you.

A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision is only about CPR, all other treatments continue as needed.

## What is CPR?

Cardiopulmonary arrest means a person's heart and breathing stop. When this happens it is sometimes possible to restart their heart and breathing with cardiopulmonary resuscitation (CPR). This would involve repeatedly pushing down very firmly on the chest, using masks or tubes to help breathing and may require electric shocks to try and restart the heart. CPR comes with the risk of broken ribs and punctured lungs.

## Is CPR tried on everybody whose heart and breathing stop?

Yes, if it is felt there is a chance it will work then it will be attempted.

CPR is most successful in healthy people whose heart and breathing stop due to sudden illness eg a heart attack. For people who are frail or have medical conditions such as cancer, lung disease or heart failure, their bodies are weakened and the chance of successful CPR and subsequent full recovery is much lower.

A person's heart and breathing will stop working as part of the natural process of dying. If people are seriously ill and near the end of their life, there may be no benefit trying to revive them when their heart and breathing stop. Restarting their heart and breathing may not work or do more harm than good by prolonging the life of someone who is dying.

## Does CPR work?

Out of 10 people who have CPR in hospital, 4 people have their heart and breathing successfully restarted. Over half of these people will have a further cardiopulmonary arrest within days or weeks and die. Less than 2 people are ever well enough to go home. These figures are much worse in those who have an arrest outside of hospital eg at home. Those with advanced disease also have a far lower chance of success.

It takes many months, sometimes years, to fully recover after an arrest - some people unfortunately never fully recover and can be left with a serious disability.

If CPR is successful patients usually require some time in an Intensive Care or Coronary Care Unit in hospital.

## Am I likely to have a cardiopulmonary arrest?

Health professionals caring for you are the best people to discuss the likelihood of you having a cardiopulmonary arrest. The health care team caring for you may talk to you about your illness, what you can expect to happen and what can be done to help you.

## Does it matter how old I am or that I have a disability?

No. Important factors are your current state of health, your wishes, and the likelihood of the team being able to achieve successful CPR.

### Will I be asked whether I want CPR?

If appropriate, you and your doctor will decide whether CPR should be attempted if your heart and breathing stop. The healthcare team looking after you will consider the medical issues, including whether CPR is likely to be able to restart your heart and breathing and for how long. It is considered beneficial to attempt resuscitation if it might prolong your life in a meaningful way. Your close friends and family can be involved in these discussions if you wish. Legally your family and friends cannot decide on your behalf, so you should inform them of your wishes.

**It is normal for health professionals to plan with patients what would happen in case of a cardiopulmonary arrest. Your wishes are important in deciding if CPR may benefit you and the healthcare team want to know what you think.**

### What if I don't want to decide?

You do not have to talk about CPR if you do not want to or you can put the discussion off if you feel you are being asked to decide too quickly. Those who know you best might be able to help you make a decision you are comfortable with. Otherwise your doctor will decide whether or not CPR should be attempted.

### What if a decision hasn't been made and I have a cardiopulmonary arrest?

Your doctor will make a decision about what is right for you. By law, your family are not allowed to decide for you but it can be helpful for the healthcare team to talk to them about your wishes. If there are people you do (or do not) want to be consulted, let your team know.

### What if I am not capable of making the decision?

If this is the case then any legal advanced decisions you have made will be considered eg Advanced Decision to Refuse Treatment (ADRT) or appointment of Lasting Power of Attorneys for health and welfare (LPA).

If these are not available then family or a person nominated by yourself will be asked what they feel your wishes would be. If you have no family or friends to consult about your wishes then an independent advocate will be appointed on your behalf.

### How is the decision recorded?

A 'Do Not Attempt Cardiopulmonary Resuscitation' form will be completed by your doctor which should be kept in your hospital notes and with your health records at home. Ensure your family/carers know where it is kept.

## I do not want resuscitation. How can I make sure a resuscitation attempt is not made?

If you do not want CPR, you can refuse it and the healthcare team must follow your wishes. You should make an 'Advanced Decision to Refuse Treatment' (ADRT). This must be in writing (it can be written by someone else), be signed and witnessed and state clearly that the decision applies even if 'life is at risk.' Ensure your team know about your ADRT and that a copy is in your medical records. Let people close to you know so they can tell your healthcare team what you want if they are asked.

For more information on Advance Decisions visit [www.adrtnhs.co.uk](http://www.adrtnhs.co.uk) /[www.publicguardian.gov.uk](http://www.publicguardian.gov.uk)

## What if I want CPR to be attempted but my doctor says it won't work?

Nobody can insist on having treatment that will not work however no doctor would refuse your wish for CPR if there was any real possibility of it being successful. If the team looking after you thinks that CPR would not be successful, they should explain this to you as part of a discussion to explain your current situation and plan your future care. If there is doubt whether CPR might work the healthcare team will arrange a second medical opinion if you wish.

If CPR might restart your heart and breathing but is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. The healthcare team will listen to your opinions and to the people close to you if you want the discussion.

## What if I change my mind?

You can change your mind at any time. It is important to inform the healthcare team caring for you.

## Who else can I talk to about this?

If you feel you have not had the chance to have a full discussion or you are not satisfied with the discussions you have had, please inform the healthcare professional in charge of your care.

*Adapted from: BNSSG DNACPR Leaflet (Adult) June 2012 and Decisions about cardiopulmonary resuscitation model patient information leaflet, Resuscitation Council (UK), April 2008.*

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