

Cardiopulmonary Resuscitation (CPR)

Information for patients,
carers and families

What is CPR?

Cardiopulmonary arrest means that a person's heart and breathing has stopped. When this happens, it is sometimes possible to restart their heart and breathing with an emergency treatment called CPR. CPR can include:

- Repeatedly pushing down firmly on the chest
- Using electric shocks to try and restart the heart
- Artificially inflating the lungs through a mask over the nose and mouth or through a tube inserted into the windpipe

When is CPR used?

CPR is most often used in emergency situations, for example if you have a serious injury or suffer a heart attack. However, CPR is not always automatically used; this depends on the circumstances and the doctor's estimate of how likely it is to work. If you are already very seriously ill and nearing the end of life, there may be no benefit in trying to revive you. In this case, CPR may not be attempted. CPR will not be used if you have said in advance that you do not wish to receive it.

Does CPR always work?

The chances of CPR restarting your heart and breathing will depend on:

- Why your heart or breathing has stopped
- Any illnesses or medical problems you have (or have had in the past)
- The overall condition of your health

When CPR is attempted in a hospital it is successful in restarting the heart and breathing in about 4 out of 10 patients. However, only about 2 out of 10 patients survive long enough to leave hospital. The figures are much lower for patients with serious underlying conditions and for those not in hospital.

It is important to remember that these figures only give a general picture and not a definite prediction of what you personally can expect. Everybody is different and your healthcare team will explain how CPR might affect you.

Can CPR be harmful?

The techniques used to start your heart and breathing sometimes cause side effects, for example, bruising, fractured ribs, and punctured lungs. Attempts at CPR do not always restart the heart and breathing despite the best efforts of all concerned.

Success depends on why your heart and breathing stopped, and on your general health. It also depends on how quickly your heart and breathing can be restarted. People who are revived are often still very unwell and need more treatment, usually in a coronary care or intensive care unit. Some patients make a full recovery; some recover but have health problems.

Some people never get back the level of physical or mental health they previously enjoyed. Some have brain damage or go into a coma. People with many medical problems are less likely to make a full recovery.

Can I decide in advance that I *don't* want to have CPR if my heart or breathing stops?

If you know that you do not want CPR, you can inform your doctor, who will ensure that your decision is respected. You may also find it useful to make an Advance Decision to Refuse Treatment to document your wishes.

If you have an Advance Decision to Refuse Treatment, you should let your healthcare team know about it so they can keep a copy of it in your healthcare records. You should also let the people close to you know so they are aware of your wishes.

Can I decide in advance that I *do* want to have CPR if my heart or breathing stops?

If you think you would like to have CPR, then it is a good idea to discuss this with your doctor and make sure that they know your views. However, CPR will only be given if the doctor believes it is clinically appropriate. This will depend on your current state of health and other underlying medical problems. Your doctor can explain the chances of CPR being effective in your case.

If there is a chance that CPR could restart your heart and breathing but it is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking are very important.

If you disagree with your doctor's opinion about whether CPR is appropriate for you, you can ask for a second opinion. You can also seek mediation or counselling or use the formal complaints procedure.

Can I change my mind at a later date?

If you change your mind about a decision you can talk to your doctor.

Patients who previously wished to receive CPR:

You can change your mind at any time. If you have changed your mind, you should inform a member of staff who will ensure a doctor is contacted to discuss the decision with you.

Your doctor will make sure that your most recent decision is documented in your healthcare record. If you have changed your mind since making an Advance Decision to Refuse Treatment, the staff caring for you will dispose of the old documentation.

Patients who previously wished not to receive CPR:

If you have changed your mind, and now DO wish to receive CPR, you should discuss this with your doctor and document it in writing. A patient's decision to receive CPR will only be carried out if the health team believes it is appropriate.

What if I am not able to decide?

You don't have to decide about CPR at all if you don't want to. Alternatively, you can think about it at a later stage if you feel you are not sure now. Your family, close friends, carers, or those who you feel know you best might be able to help you make a decision you are comfortable with.

If you have not made any decision about CPR, the doctor in charge of your care will decide whether or not CPR should be attempted, taking account of things you have said and their own judgement.

If I or my doctor decide that I should not have CPR, will this have an effect on other treatments?

No - A decision not to receive CPR refers only to resuscitation, and you will receive all other treatment that you need. Your doctors and nurses will continue to give you the best possible treatment and care.

Can my doctor decide that CPR would not be in my best interest without telling me?

There are occasions when healthcare teams may have to make decisions on behalf of patients.

The decision not to resuscitate is a medical decision that can be made by your doctor even if you don't agree.

You must be told if this decision has been made, but a doctor does not need your consent.

Who else can I talk to about this?

If you need to talk about this with someone outside of your family, friends or carers, to help you decide what you want, you may find it helpful to contact any of the following:

- Counsellors
- Independent advocacy service
- Patient advice and liaison service (PALS)
- Spiritual carer such as a chaplain

If you feel you have not had the chance to have a proper discussion with your healthcare team, or you are not happy with the discussions you have had, you can follow the formal complaints procedure.

Please do not hesitate to keep asking questions until you understand all that you wish to know.



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