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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Decisions about Cardiopulmonary Resuscitation

Resuscitation Services - Anaesthesia and Theatres

This leaflet explains:

- What Cardiopulmonary Resuscitation (CPR) is.
- How you will know whether it is relevant to you.
- How decisions about it are made.

This is a general leaflet for all patients but it may also be useful to your relatives, friends and carers. This leaflet may not answer all your questions about CPR, but it should help you to think about the issue. If you have any other questions, please talk to one of the health professionals (doctors, nurses and others) caring for you.

What is CPR?

Cardiopulmonary arrest means that a person's heart and breathing stop. When this happens, it is sometimes possible to try to restart their heart and breathing with emergency treatment called CPR.

CPR might include:

- Repeatedly pushing down very firmly on the chest.
- Using electric shocks to try to restart the heart.
- 'Mouth-to-mouth' breathing Inflating the lungs through a mask over the nose and mouth or tube inserted into the windpipe.

Is CPR tried on everybody whose heart and breathing stop?

When the heart and breathing stop unexpectedly, for example if a person has a serious injury or heart attack, the healthcare team will try CPR. However, in certain circumstances this may not be appropriate. A person's heart and breathing also stop working as part of the natural and expected process of dying.

If people are already very seriously ill and near the end of their life, there may be no benefit in trying to revive them each time their heart and breathing stop. This is particularly true when patients have other things wrong with them that mean they don't have much longer to live.

In these cases, attempting restarting their heart and breathing may do more harm than good by prolonging the discomfort of someone who is soon to die naturally.

Do people get back to normal after CPR?

Each person is different. A few patients make a full recovery, some recover but have health problems and, unfortunately, most attempts at CPR do not restart their heart and breathing despite the best efforts of everyone concerned.

It depends on why their heart and breathing stopped working and the patient's general health. It also depends on how quickly their heart and breathing can be restarted.

Majority who are revived are often still very unwell and need more treatment, usually in a coronary care or intensive care unit. Some patients never get back the level of physical or mental health they enjoyed before the cardiopulmonary arrest. Some have brain damage or go into a coma.

Patients with many medical problems are less likely to make a full recovery. The techniques used to restart the heart and breathing sometimes cause side effects, for example, bruising, fractured ribs and punctured lungs.

Am I likely to have a cardiopulmonary arrest?

The health professionals caring for you are the best people to discuss the likelihood of you having a cardiopulmonary arrest. People with the same symptoms do not necessarily have the same disease and people respond to illnesses differently. It is normal for health professionals and patients to plan what will happen in case they have a cardiopulmonary arrest.

Somebody from the healthcare team caring for you, probably the doctor in charge will talk to you about:

- Your illness.
- What you can expect to happen.
- What can be done to help you.

What is the chance of CPR reviving me if I have a cardiopulmonary arrest?

The chance of CPR reviving you will depend on:

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

CPR is successful in restarting the heart and breathing in about 4 out of 10 patients. But on average, two out of ten patients survive long enough to leave hospital. The figures are much lower for patients who are already seriously ill. It is important to remember that these only give a general picture and not a definite picture of what you can expect. Everybody is different and the healthcare team will explain what CPR may do for you.

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

No. What is important is:

- Your state of health;
- Your wishes; and the likelihood of the healthcare team being able to achieve what you want.

Your age alone does not affect the decision, nor does the fact that you may have a disability.

Who will decide about CPR?

You and your doctor will decide whether CPR should be attempted if you have a cardiopulmonary arrest.

The healthcare team looking after you will look at all the medical issues, including whether CPR is likely to be able to restart your heart and breathing if they stop. It is beneficial to attempt resuscitation if it might prolong your life in a way that you can enjoy.

Sometimes, however, restarting people's heart and breathing leaves them with a severe disability or only prolongs their suffering. Prolonging life in these circumstances is not always beneficial. Your wishes are very important in deciding whether resuscitation can benefit you, and the healthcare team will want to know what you think.

If you wish, your close friends and family can be involved in discussions. In most cases, doctors and their patients agree about treatment where there has been good communication.

What if I don't want to decide?

You don't have to talk about CPR if you don't want to, or you can put a discussion off if you feel you are being asked to decide too much too quickly. Your family, close friends and carers might be able to help you make a decision you are comfortable with. Otherwise, the doctor in charge of your care will decide whether or not CPR should be attempted, taking account of things you have said.

What if we haven't decided and I have a cardiopulmonary arrest?

The doctor in charge of your care will make a decision about what is right for you. Your family and friends 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 asked about your care, you should let the healthcare team know.

I know that I don't want anyone to try to resuscitate me. How can I make sure they don't?

If you don't want CPR, you can refuse it and the healthcare team must follow your Red Card. You can make a living LPA will (also called an 'advance directive') to put your wishes in writing. If you have a living will, you must make sure that the healthcare team knows about it and puts a copy of it in your records. You should also let people close to you know so they can tell the healthcare team what you want if they are asked.

If it is decided that CPR won't be attempted, what then?

The healthcare team will continue to give you the best possible care. The doctor in charge of your care will make sure that you, the healthcare team, and the friends and family that you want involved in the decision know and understand the decision, unless you don't want to talk about it.

There will be a note in your health records that you are 'not for cardiopulmonary resuscitation'. This is sometimes called a '**do-not-attempt-resuscitation**' or **DNAR** decision.

What about other treatment?

A DNAR order is about CPR **only** and you will receive all the other treatment you need.

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

Although nobody can insist on having treatment that will not work, no doctor would refuse your wish for CPR if there was any real possibility of it being successful. If there is doubt whether CPR might work for you, the healthcare team will arrange a second medical opinion if you would like one. 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 must listen to your opinions and to the people close to you if you want them involved in the discussion.

What if my situation changes?

The healthcare team review decisions about CPR regularly and if your wishes or condition change.

What if I change my mind?

You can change your mind at any time, and talk to any of the healthcare team caring for you.

Can I see what's written about me?

Yes, you can see what's written about you. You will need to speak to the healthcare team looking after you who will explain how to do this.

Further information

Spiritual carers (such as a chaplain) can be contacted through hospital switchboard

Tel: 0151 706 2000

Text phone Number: 18001 0151 706 2000

Author: Department of Health

Review date: July 2013

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