

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

In this country, by law, you have the right to refuse treatment but not the right to demand a treatment. Your doctor may decide that a treatment is not right for you. Doctors do this when they think that you would have little chance of surviving the treatment or that the risks of harm from the treatment are greater than the possible benefits. If you (or your relative) do not think the doctor has made the right choice about a treatment they can ask for a second doctor to assess this (this is called a second opinion).

What if I don't want to talk about CPR?

You don't have to talk about CPR if you don't want to but if you change your mind, and want to talk about it later, you can. Please speak to a member of the healthcare team that is looking after you. Alternatively there are other people that you can talk to and these are listed at the end of this leaflet. Otherwise, the doctor in charge of your care will decide whether or not CPR would be beneficial for you.

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 need to speak to the doctor that is looking after you and let them know your views. You can talk to your doctor or nurse about who can help you to write an advance care plan, which is a summary statement of your future care preferences. An advance care plan may be carried by you to inform others involved in your care of your preferences. Some people also wish to write a more formal Advance Decision to Refuse Treatment. If you come into hospital and have made a formal Advance Decision to Refuse Treatment which states you do not want CPR, a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form will be completed, inserted in a document wallet called "Greensleeves" and filed in the front of your health records. In addition a note will also be made in your health records.

If you have made other preferences about treatment options these will be incorporated into your advance care plan and included in the "Greensleeves" wallet, (Planning for your future care):
www.c-a-s-t-l-e.org.uk/media/12638/national-eolc-programme-planning-for-your-future-care-sept-2012.pdf

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

The doctor in charge of your care will make sure that you, the healthcare team, your friends and family that want to be involved in the decision, know and understand the decision. A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form will be completed, inserted in a "Greensleeves" document wallet and a note will be made in your health records that "in the event of a cardiac arrest cardiopulmonary resuscitation will not be attempted."

What about other treatment?

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

What if my situation changes?

The healthcare team will review the decision about CPR, if your wishes or condition change.

The trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7514/15 and we will do our best to meet your needs.

Document History

Author	Catherine Baldock
Department	Resuscitation
Published	February 2011
Reviewed	January 2015
Version	3
Reference No	HIC/LFT/1195/11



The Trust operates a smoke free policy

Resuscitation

Decisions about Cardiopulmonary Resuscitation (CPR)

Information for patients, their relatives and carers within Coventry and Warwickshire.

Cardiopulmonary resuscitation is one intervention in a range of treatment options and it is important that your clinical team establish which interventions/treatments are right for you.



Introduction

This leaflet explains

- What cardiopulmonary resuscitation (CPR) is
- How you will know whether it is relevant to you
- How decisions about it are made

It is a general leaflet for all patients but it may also be useful to your relatives, friends and carers. It may not answer all of 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 Cardiopulmonary Resuscitation (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 shock treatment to try to correct the rhythm of the heart
- Inflating the lungs with a mask or tube inserted into the windpipe.

What is the chance of CPR being successful?

The chance of CPR being successful will depend on

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

Attempted CPR is successful in restarting the heart and breathing in about 4 out of 10 patients.

If the heart and breathing stop in hospital, on average, 2 out of 10 patients survive long enough to be discharged but if the heart and breathing stop in the community this falls to less than 1 out of 10 patients. The figures are much lower for patients with serious underlying conditions. It is important to remember that these figures only give a general picture and not a definite picture of what can be expected. Everybody is different and the healthcare team will explain what CPR may do for you.

Do people get back to normal afterwards?

Each person is different. A few people 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.

Patients 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 harm, for example bruising, fractured ribs and punctured lungs.

Is CPR tried on everybody whose heart and breathing stop?

No. 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 if it might help. 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, restarting their heart and breathing may do more harm than good by prolonging the pain or suffering of someone who is soon to die naturally.

Am I likely to have a cardiopulmonary arrest?

The healthcare professionals caring for you are the best people to discuss the likelihood of you having a cardiopulmonary arrest. Even when people have the same condition they respond differently to illness. Somebody from the healthcare team caring for you, probably the doctor in charge, will talk to you about:

- Your illness
- What you may expect to happen
- The range of treatments that are available to you

Who will decide about CPR?

Your clinical team will discuss with you your treatment options and decide whether CPR is appropriate for you. 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, and for how long. 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 views are very important in deciding whether resuscitation can benefit you, and the healthcare team will want to know what you think. If you choose, your close friends and family can be involved in discussions. In most cases, doctors and their patients agree about treatment.