

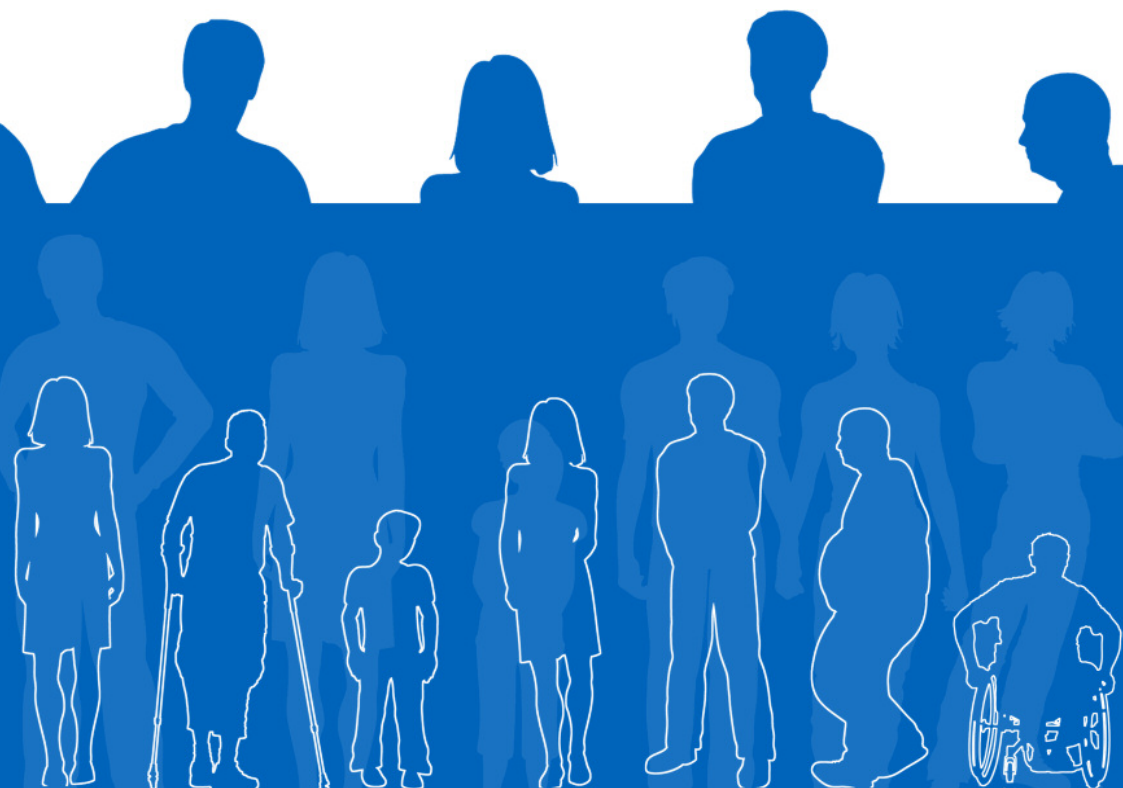


Royal National Orthopaedic Hospital



NHS Trust

# A patient's guide to decisions about cardiopulmonary resuscitation



## This leaflet explains:

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

This is a general leaflet for all patients but it may also be useful to your relatives, friends and carers. The 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
- 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 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 do not 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.

## **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.

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 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)
- The overall condition of your health

Attempted CPR is successful in restarting the heart and breathing in about four out of 10 patients. On average, two out of 10 patients survive long enough to leave hospital. The figures are much lower for patients with serious underlying conditions. 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 could 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
- 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 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, 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 wishes are very important in deciding whether resuscitation can benefit you, and the healthcare team will want to know what you think. If you want, 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 do not want to decide?**

You do not have to talk about CPR if you do not want to, or you can put 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 to 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 what you have said. [If you are under 18, your parents can decide for you.](#)

## **What if we have not 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 do not want anyone to try to resuscitate me. How can I make sure they don't?**

If you do not want CPR, you can refuse it and the healthcare team must follow your wishes. You can make a living 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 will not 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 do not 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 will not 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 will 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 is written about me?

Yes, you can see what is written about you. The healthcare team will make a note of what you say about CPR and of any decisions that are made. You can ask the healthcare team to show you your records and, if there is anything in them that you do not understand, they will explain it to you. You also have a legal right to see and have copies of your records.

## Who else can I talk to about this?

- Counsellors
- Spiritual carers (such as the hospital chaplain)
- Independent advocacy services (PALS)
- Patient support groups

If you feel that you have not had the chance to have a proper discussion with the healthcare team, or you are not happy with the discussions you have had, please contact our Customer Care and PALS Coordinators on 020 8909 5717/5439 who can help you or the people close to you and deal with your suggestions, worries or complaints.

**Reference: British Medical Association decisions about cardiopulmonary resuscitation model information leaflet July 2002.**





If you have any comments about this leaflet or would like it translated into another language/large print, please contact the Clinical Governance Department on 020 8909 5439/5717.

Royal National Orthopaedic Hospital NHS Trust  
Brockley Hill  
Stanmore  
Middlesex  
HA7 4LP

[www.rnoh.nhs.uk](http://www.rnoh.nhs.uk)

12-20 © RNOH  
Publication date: March 2012  
Date of next review: February 2014  
Authors: Resuscitation Council UK  
Royal College of Nursing  
British Medical Association