

## 1. What is CPR?

CPR is cardiopulmonary resuscitation. Cardiopulmonary arrest means that a person's heart and breathing have stopped. When this happens it is sometimes possible to restart their heart and breathing with CPR.

This can include:

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

## 2. When is CPR used?

CPR is used to attempt to restart the heart in anyone who needs it. However, CPR is not always used, as it depends on the circumstances and whether a doctor believes it is likely to be effective.

## 3. Does CPR always work?

The chances of CPR restarting your heart and breathing depends on:

- Why your heart and breathing have stopped.
- Any illness 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 these 4 patients survive long enough to leave hospital. These figures only give a general picture – a discussion with your healthcare team can explain how CPR might affect you.

## 4. Can CPR ever be harmful?

The techniques used to start your heart and breathing can sometimes cause bruising, fractured ribs and punctured lungs. Attempts at CPR do not always restart the heart and breathing despite the best efforts of the team treating you.

People who are revived are often still very unwell and need more treatment, often in a coronary care or intensive care unit. Some patients make a full recovery. Some recover but have health problems, or may never get back the level of physical or mental health they previously enjoyed. Some people may have brain damage or go into a coma. People with many medical problems are less likely to make a full recovery.

## 5. 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, your wishes will be respected. You can inform your doctor, who will complete a 'Do not attempt Cardiopulmonary Resuscitation' (DNACPR) form on your behalf.

You may also find it useful to make an advance decision to refuse treatment or ADRT (also known as a living will) to document your wishes. If you have made an ADRT you should let your healthcare team know about it so that they can keep a copy of it in your healthcare records. You should also let the people close to you know so that they are aware of your wishes.

For more information on advance decisions visit: [www.adrtnhs.co.uk](http://www.adrtnhs.co.uk)

## 6. 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 you should discuss your views with your doctor. 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 will likely leave you severely ill, your opinion about whether these chances are worth taking is important. Your doctor will listen to your views, and those of your family and friends, if you want to involve them.

If you disagree with your doctor's opinion about whether CPR is appropriate for you, you can ask for a second opinion.

## 7. If my doctor or I decide I shouldn't have CPR, will this have an effect on other treatment?

Your doctors and nurses will continue to give you the best possible treatment and care for any existing conditions. Your doctor will make sure that you, the healthcare team and friends and family involved know and understand the decision. A decision not to receive CPR refers only to CPR and you will receive all other treatment that you need.

## 8. If I make a decision about CPR can I change my mind later?

### 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.

### 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.

## 9. Do I have to make a decision about whether or not I want to receive CPR in the future?

You don't have to make a decision 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 at the moment. Your family, close friends or carers might be able to help you make a decision that 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 using their own judgement.

## 10. What if I am unable to decide for myself?

The law allows you to appoint someone to make decisions for you. This can be a friend, relative, or anyone whom you trust. This person is known as your lasting power of attorney (LPA), and will be consulted if you lose the ability to make decisions for yourself.

For advice on appointing an LPA, you should speak to an impartial person, such as a solicitor. If you have not formally appointed an LPA, the doctor in charge of your care will make a decision about what is best for you, taking into account the views of your family and friends. If there are people you do or do not want to be asked about your care, you should let the healthcare team know.

## 11. Who else can I talk to about this?

If you want to talk about this with someone outside of your family, friends or carers, you may find it helpful to contact your GP, hospital consultant or nursing team on your ward.

If you feel you have not had the chance to have a full discussion with your healthcare team, please do not hesitate to keep asking questions until you understand all that you wish to know.

# Cardiopulmonary Resuscitation (CPR)

## Information leaflet for patients, friends and relatives

This leaflet explains:

- What cardiopulmonary resuscitation (CPR) is.
- How decisions about CPR are made.
- How you can be involved in deciding whether you receive CPR.

This is a general leaflet for patients over 16 years old. It may also be useful to relatives, friends and carers of patients.

This leaflet was written to help you think about the issues and choices available regarding CPR. If you have any other questions, please talk to one of the health professionals caring for you.