



Princess Alice
Hospice

Cardiopulmonary Resuscitation

Information Guide



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This cardiopulmonary resuscitation (CPR) information leaflet has been written from the perspective of the Princess Alice Hospice team but applies equally to all other, potentially involved, healthcare professionals/teams.

The aim of this leaflet is to help patients and families better understand CPR. We do, however, understand that not everyone in our care wants to read this information so please feel free to skip this leaflet for the moment if you wish. Alternatively you might feel more comfortable talking directly about CPR to a member of the Hospice's staff.

What is cardiopulmonary resuscitation

It is sometimes possible to restart a person's heart and breathing when they stop with an emergency treatment called cardiopulmonary resuscitation (CPR).

What happens during CPR?

By necessity, undergoing CPR does mean receiving an aggressive treatment if it is to have a chance to work. CPR usually involves the following:

- Repeatedly pushing down firmly on the chest.
- Using electric shocks to try to correct the rhythm of the heart.
- Inflating the lungs with a mask or tube inserted into the windpipe.
- Putting needles into the arms and neck to give medication.
- Moving by ambulance from home or the hospice to a hospital for further treatment.

What if my situation changes or I change my mind?

You can change your mind at any time and talk to any of the Hospice team caring for you. All resuscitation decisions are reviewed regularly, especially if your wishes or your condition change.

Can I see what has been written about me and CPR?

Yes you can! Ask the Hospice team to show you your records and explain anything in them that is not sufficiently clear.

Who else can I talk to about this?

- Any member of staff involved in your care.
- Your family, friends or carers.
- Patient support organisations.
- The Hospice chaplain or your own spiritual adviser.

If you feel that you have not had the chance to have a proper discussion with the Hospice team, or you are not happy with the discussions you have had, please contact Dr Craig Gannon (contact details on the back of this leaflet) who can help you or the people close to you and deal with your suggestions, worries or criticisms.

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

The Hospice team will continue to give you the best possible care, and all other decisions will be made as normal.

The Hospice team member in charge of your care will discuss the decision with you, as and when appropriate, in line with your wishes; they will make sure that any family and friends you want to be involved, and the rest of your healthcare team know about and understand the reasons for their decision.

A DNACPR form will be kept with your health records/at home.

What about other treatment?

A Do Not Attempt Cardiopulmonary Resuscitation decision is about CPR only and you will receive all other treatment that you need.

It does not apply to or alter any other medical treatment, nursing care or first aid.

What if I want CPR to be attempted, but the Hospice team member in charge of my care says it won't work?

Although nobody can insist on having treatment that will not work, no hospice healthcare professional would refuse your wish for CPR if there was any real possibility of it being successful in bringing you back to health.

If there is doubt whether CPR might work for you, the Hospice team will arrange a second medical opinion if you would like one.

If CPR might restart your heart and breathing, but with a high risk of leaving you ill or disabled, your opinion about whether these chances are worth taking is very important. The Hospice team must listen to your opinions and to the people close to you, if you want them to be involved in the discussion. In nearly all cases, Hospice staff and their patients agree on the best treatment where there has been good communication.

Does CPR work?

Each patient is different. Some will make a full recovery, others will recover but have additional health problems, whilst unfortunately, despite everyone's best efforts, most CPR attempts are unsuccessful.

Recovery depends on why their heart and breathing stopped working, the person's general health and the time taken to start the treatment.

When successful, CPR is only the start of the treatment process. People who are revived typically remain very unwell, usually in coronary care or intensive care unit. Some patients get back the level of health that they enjoyed before the cardiorespiratory arrest. Some patients will experience a range of physical and mental health conditions and may go into a coma. Patients with pre-existing medical problems are less likely to make a full recovery. Unfortunately, the techniques used to try to restart the heart and breathing often cause significant side effects, e.g. severe bruising, fractured ribs and punctured lungs.

What is the chance of CPR reviving me and restoring me to my normal health?

The chance of CPR being successful for 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.
- If you were already in hospital, at the time.

People often think CPR is more successful than it actually is, on average less than 2 out of 10 patients survive long enough to leave hospital and the figures are much lower for patients with serious underlying conditions.

The figures are also much lower for patients who are not in hospital when they have a cardiorespiratory arrest due to success being dependent on how quickly the heart and breathing can be restarted.

It is important to remember that these figures only give a general picture and not a definite picture of what you personally can expect. Everybody is different and you need to ask Hospice staff to explain what CPR could do for you.

Who decides if I should have CPR?

You can choose to be as involved as much as you want in all decision making regarding your health. Hospice staff will be able to inform and support you in your choices. When discussing with you about whether you are likely to benefit from CPR, the Hospice team will look at:

- Your overall state of health.
- Your wishes and what matters to you.
- Whether CPR is likely to restart your heart and breathing and for how long.
- Whether CPR will help enough for you to live in a way that you can still enjoy.

If the Hospice team, or other healthcare professionals think CPR will work for you but you do not wish to consider receiving the treatment, your informed refusal would be respected.

If Hospice staff are certain that CPR will not be able to help you, because of the nature of your underlying health condition, unfortunately CPR will no longer be an option to consider. Patients and their families will be involved in discussions and fully aware when this decision is reached.

When CPR is not wanted or not able to help, your Hospice team will complete a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) form.

The DNACPR form needs to be readily available within your health records when you are in the Hospice, in Hospital, during an ambulance transfer or at your home.

If no decision on CPR or DNACPR has been made, then we will need to presume that CPR is both wanted by you and has the potential to help you.

What if I don't want to talk to the doctors or nurses about CPR?

You don't have to talk about CPR with anyone if you don't want to, you can put off this discussion indefinitely.

You may prefer to talk to your family, close friends or carers who may be able to help clarify your thoughts and so that they know your wishes.

If you don't want to be involved in the decision, the Hospice team member in charge of your care will be able to decide, taking into account of your overall health and wishes.

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

You can refuse CPR and the Hospice team as with all healthcare professionals, must follow your wishes. A DNACPR form can be kept with your health records.

You can also make a living will (called an 'advance decision to refuse treatment') to formally put your wishes in writing. You must make sure that your Hospice team knows if you have a living will and puts a copy of it in your records. You should also let the people close to you know so they can tell any other health care workers what you want if they are asked.

Additionally, you can formally appoint a legal proxy (called a Lasting Power of Attorney for Health and Welfare) to represent your views, if at some point you are too unwell to make decisions for yourself.

What if I become too unwell before I've been able to decide?

If you do not have a living will and have not chosen a proxy, the Hospice team member in charge of your care will make a decision about what is best for you. Your family and friends will be able to help by explaining your wishes, though they cannot decide for you.

If there are people that you do (or do not) want to be asked about your care, you should let the Hospice team know.

Contact us

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For more information please contact:

Dr Craig Gannon, Medical Director, via personal assistant or
Dr Jennifer Todd, Inpatient Lead Consultant on 01372 461807

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