



**Southend University
Hospital**
NHS Foundation Trust

Patient Information Service

Information for patients and relatives

Cardiopulmonary Resuscitation (CPR)



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 may not answer all your questions about CPR but it should help you think about the issues and choices available.

If you have any other questions, please talk to one of the health professionals caring for you.

What is CPR?

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

CPR can include:

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

When is CPR used?

CPR is most often used in emergency situations, for example if you have a serious injury or suffer a heart attack. However, CPR is not always automatically used; this depends on the circumstances and the doctor's estimate of how likely it is to work.

If you are already very seriously ill and nearing the end of life, there may be no benefit in trying to revive you. In this case, CPR may not be attempted.

CPR will not be used if you have said in advance that you do not wish to receive it. The information in this leaflet has been written to help you to decide whether or not you want to make this decision. It is important to remember that your relatives, friends or carers cannot make this decision for you.

Does CPR always work?

The chances of CPR restarting your heart and breathing will depend 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 starting the heart and breathing in about four out of ten patients. However only about two out of ten patients survive long enough to leave hospital.

The figures are much lower for patients with serious underlying conditions and for those not in hospital.

It is important to remember that these figures only give a general picture and not a definite prediction of what you personally can expect. Everybody is different and your healthcare team will explain how CPR might affect you.

Can CPR ever be harmful?

The techniques used to start your heart and breathing sometimes cause side-effects, for example, bruising, fractured ribs and punctured lungs. Attempts at CPR do not always restart the heart and breathing despite the best efforts of all concerned. Success depends on why your heart and breathing stopped, and on your general health. It also depends on how quickly your heart and breathing can be restarted.

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

Can I decide in advance that I DON'T want to have CPR if my heart and breathing stops?

If you know that you do not want CPR, you can inform your doctor, who will ensure that your decision is respected. You may also find it useful to make a living will (also known as an Advance Decision) to document your wishes. If you have a living will, you should let your healthcare team know about it so they can keep a copy of it in your healthcare records. You should also let the people close to you know so they are aware of your wishes.

Search for ADRT on: www.nhs.uk

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 it is a good idea to discuss this with your doctor and make sure that they know your views. However, CPR will only be given if the doctor believes it is clinically appropriate. This will depend on your current state of health and other underlying medical problems. 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 it is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking are very important. Your doctor will listen to you opinions and, if you choose to involve them, the opinions of your family, carers and friends.

If you disagree with your doctors opinion about whether CPR is appropriate for you, you can ask for a second opinion. You can also seek mediation or counselling or use the formal complaints procedure.

If you 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. Your doctor will make sure that your most recent decision is documented in your healthcare record. If you have changed your mind since making an Advance Decision, the staff caring for you will dispose of the old documentation.



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 and document it in writing. Also, see page 4: a patient's decision to receive CPR will only be carried out if the health team believes it is appropriate.

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, carers or those who you feel know you best might be able to help you make a decision 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 their own judgement.

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 will be consulted if at a later date you lose the ability to make decisions for yourself.

This person is known as your Lasting Power of Attorney for Health and Welfare (LPA). To appoint an LPA, you should speak to an Independent Mental Capacity Advocate (IMCA) or another impartial person such as a solicitor who will be able to advise you on appointing a suitable LPA.



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.

If I or my doctor 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. 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 resuscitation, and you will receive all other treatment that you need.

Who else can I talk to about this?

If you need to talk about this with someone outside of your family, friends or carers, to help you decide what you want, you may find it helpful to contact any of the following:

- Counsellors
- Independent Advocacy Services
- Patient Advice and Liaison Service (PALS)
- Patient support services
- Spiritual carers, such as a chaplain.

If you feel you have not had the chance to have a proper discussion with your care team, or you are not happy with the discussions you have had, you can follow the formal complaints procedure. Please do not hesitate to keep asking questions until you understand all that you wish to know.



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If this leaflet does not answer all of your questions, or if you have any other concerns please contact the nurse in charge on your ward.

www.southend.nhs.uk

For a translated, large print or audio tape version of this document please contact:

Patient Advice & Liaison Service (PALS)

Southend University Hospital NHS Foundation Trust

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Written by the resuscitation training officer
Reviewed November 2017
To be reviewed November 2019

Form No. SOU1100 Version 8