

# Cardiopulmonary resuscitation: Information for patients and their families

**This leaflet explains what cardiopulmonary resuscitation is and how decisions about it are made, and answers some of the questions that people often ask. If you have any further questions, please talk to your doctor or nurse.**

## What is cardiopulmonary resuscitation?

Cardiopulmonary resuscitation (CPR) is an emergency treatment that tries to restart the person's heart or breathing when these stop suddenly. It involves:

- repeatedly pushing down very firmly on the chest (chest compressions)
- inflating the lungs, either with a mask or with a tube inserted into the windpipe (intubation)
- sometimes using electric shocks to try to correct the rhythm of the heart (defibrillation).

## How successful is CPR?

Unfortunately, CPR does not often work. Only one in five people on whom CPR is attempted in hospital will recover enough to be discharged alive. For people who need CPR outside hospital, only one in 20 will survive to be discharged from hospital. This is because CPR usually only works on people who experience sudden problems such as a heart attack, receive very rapid treatment for what has happened, and are otherwise generally fit and well.

CPR won't be successful for people naturally approaching the end of their life. They are much more likely to become sleepier over time and their heart and breathing gradually slows down and stops.

## Am I likely to benefit from CPR if my heart and breathing stop?

Everyone is different. 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.

If you are coming towards the end of your life you are unlikely to benefit from CPR.

If your doctor or nurse thinks that you may benefit from CPR they will discuss this with you and the likelihood of success in your particular case.

## Who makes the decision?

Unless you decide that you do not want CPR, the doctor caring for you will make this decision.

They will take your views into account where possible. If you are unable to express your views yourself, it can be helpful for the healthcare team to talk to your friends and family about your wishes.

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

## What if I don't want CPR?

If your doctor thinks you may benefit from CPR, you can decide whether you want it or not. You can refuse CPR even if there is a chance that it may help you.

If you have previously agreed to CPR but later decide that you do not want it, you can ask the doctor or nurse looking after you to record this in your notes. They will follow your wish to refuse CPR.

## What about other treatment?

Decisions about CPR are just about resuscitation. Whatever the decision, you will continue to receive all the other treatment and care that you need.

## What happens if I want CPR but staff say that it is not appropriate for me?

Your views are important and we want to involve you in discussions about your treatment and care.

We recognise that these discussions can be very distressing for you and those close to you. Your doctor will discuss this issue with you sensitively. However, your doctor cannot offer a treatment that is very unlikely to succeed.

If you are unhappy with the decision made, your doctor will discuss their reasons with you and may offer you the choice of having a second opinion from another doctor.

## If a decision has been made not to try CPR, how will the people involved in my care know about it?

If your doctor is as certain as they can be that CPR will not work for you, or you have decided that you do not want CPR, this will be written on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). This form will be kept with your health records.

If you decide to go home, we will tell your GP about the decision not to try CPR.

## What if I have other questions about CPR which are not covered by this leaflet?

If you have other questions about CPR, please talk to your doctor or nurse who will be happy to answer any questions or concerns you may have. They may refer you to a colleague who is better able to answer your questions.

### Contact us

**Patient Advice and Liaison Service (PALS)** – To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**t:** 020 7188 8801      **e:** pals@gstt.nhs.uk

**Language support services** – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815

## References

Nolan *et al*, Incidence and outcome of in-hospital cardiac arrest in the United Kingdom National Cardiac Arrest Audit, *Resuscitation* 2014 85:8 p987-992

Perkins GD, Cooke MW. Variability in cardiac arrest survival: the NHS Ambulance Service Quality Indicators. *Emerg Med* J2012;29:3-5.