

**Patient
Information**

Cardio-Pulmonary Resuscitation (CPR)

Introduction

Resuscitation can be a sensitive and difficult subject to discuss, so the purpose of this leaflet is to provide information and answer some frequently asked questions.

If there is anything you do not understand within the leaflet or you would like more information please ask your doctor or nurse and we will do our best to explain.

You may wish to look at the national statement on 'Decisions relating to Cardio-pulmonary Resuscitation' online at:

Website: www.resus.org.uk/dnacpr/decisions-relating-to-cpr/

What is Cardio-Pulmonary Resuscitation (CPR)?

Many of us have watched television dramas such as 'Casualty' which try to show what might happen to us if we suddenly collapse because our heart has stopped beating or we have stopped breathing (often both). If this happens, sometimes we may benefit from receiving CPR.

This treatment involves pressing firmly on the chest and blowing or pushing air into the lungs to get blood and oxygen moving around the body. The aim of CPR is to keep us alive while waiting for other equipment and treatments to arrive.

Within the Trust, if the need for CPR arises, we recognise that some people have strong wishes and preferences about how they would want to be treated. Others feel less concerned.

If you decide that you do not want to receive CPR you must tell your doctor as soon as you have made this decision and it will be recorded in your hospital notes.

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The people most likely to benefit from CPR are those who experience a sudden life-threatening but easily treatable event, such as a heart attack or heart rhythm problem that has caused the heart to stop beating.

Does everyone benefit from receiving CPR?

Unfortunately not all people benefit from CPR. Nationally, less than 1 in 5 of all resuscitation attempts in hospital is successful; even then, although the patient leaves hospital alive, the same quality of life afterwards cannot be guaranteed. People whose heart or lungs stop working because they are very sick, particularly with diseases affecting more than one system in the body, have a very poor chance of being successfully resuscitated. The doctor may then decide that CPR is not appropriate for them.

Does age affect the decision about whether to attempt CPR?

No. Many factors are considered when decisions have to be made about resuscitation, but age is not a deciding factor.

It is you as an individual and the nature of your medical problems that guide your doctor in choosing the best treatment for you throughout your stay in hospital.

Once a decision has been made by a doctor, is it final?

No. Decisions relating to your treatment are regularly reviewed by your doctors as your health condition changes. CPR is no exception to this.

If CPR is considered not to be of benefit or I do not wish to accept CPR, will this affect any other aspect of my treatment?

Definitely not. Each person receives the most suitable medical and nursing treatment regardless of whether CPR is considered appropriate or not.

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Can my family decide for me?

No. You will be asked whether you want a carer, close family members, or anyone else to be involved in decisions about your treatment and if you don't your wishes will be respected. If you do want a trusted person to be involved, you will be asked who this person is and it will be recorded in your medical records.

In the event of any disagreement about treatment, between you and family members or carers, your wishes will take priority as long as you have the mental ability to make that decision.

The exceptions to this rule are:

- Adult patients who lack capacity under the Mental Capacity Act who may have assigned a decision maker on their behalf.
- Adult patients who have granted Enduring Power of Attorney to someone else.
- Adult patients who have arranged for others to be involved in an Advance Care Plan or another written document.

Will I have the opportunity to talk to the doctor about these issues?

Please do. You are encouraged to talk about your wishes with your GP or the hospital doctor. Our aim is to discuss all decisions about your treatment with you, and with your permission, those close to you, unless you find it too distressing or difficult. We encourage you to allow those close to you to be involved in discussions about your treatment. Once again, your decision takes priority over that of any family member or carer, in the event of any disagreement.

Do I, or my family, have the right to insist I have CPR?

No - not if it is considered by the doctor in charge of your care that it would not be in your best interests, in which case they may decide that your heart and lungs will not be re-started by CPR. Every effort will be made to consult your family or carer if you have given permission, or if you lack the ability to make the decision for yourself.

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In the event of a disagreement between yourself or your family and the medical team, an independent second opinion may be requested.

Do I have the right to ask not to have CPR?

Yes – providing that the doctor is satisfied that you have the capacity to make that decision. If not and you have given permission for a carer or family member(s) to be consulted about your care they will be asked.

Your decision will take priority so long as you have the mental capacity to have made the decision. The doctor will not overrule your decision not to have CPR. The doctor may overrule the decision of your carers or family members, if it is considered not to be in your best interest.

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