



Northumbria Healthcare
NHS Foundation Trust

Decisions about cardiopulmonary resuscitation

Issued by Northumbria Healthcare NHS Foundation Trust

What is cardiopulmonary resuscitation (CPR)?

Cardiorespiratory arrest means that a person's heart and breathing stop. When this happens it is sometimes possible to try and restart their heart and breathing with an emergency treatment called CPR. CPR might include:

- repeatedly pushing down very firmly on the chest;
- using electric shocks to try and correct the rhythm of the heart; and
- inflating the lungs with a mask or tube inserted into the windpipe.

Is CPR carried out on everyone whose heart and breathing stop?

It depends. When the heart and breathing stop unexpectedly, for example if the person has a serious injury or heart attack, the healthcare team will try and revive the patient.

A person's heart and breathing also stop working as part of the natural and expected process of dying. If people are already seriously ill and near the end of life, there may be no benefit in trying to revive them.

Do people get back to normal after CPR?

A few patients make a full recovery, some recover but have health problems and, unfortunately, many attempts at CPR do not restart their hearts and breathing despite the best efforts of everyone concerned. Patients who are revived are often still very unwell and need more treatment, usually in a coronary care or intensive care unit.

Some patients never get back to the level of physical or mental health that they enjoyed before the cardiac arrest. Some have brain damage or go into a coma. Patients with many medical problems are less likely to make a full recovery. The techniques used to try and restart the heart and breathing sometimes cause side effects, for example, bruising, fractured ribs and punctured lungs.

What is the chance of CPR reviving me if I have a cardiorespiratory arrest?

Nationally the chance of survival following a cardiac arrest is 14%, however the chances of reviving you may be lower, depending upon:

- why your heart and breathing have stopped; and
- any illnesses or medical problems you have (or have had in the past).

Does it matter how old I am or if I have a disability?

No. What is important is:

- your state of health;
- your wishes; and
- the likelihood of the healthcare team being able to achieve what you want.

Your age alone does not affect the decision, nor does the fact that you have a disability.

Who will make the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision?

The healthcare professional in charge of your care is ultimately responsible for making the DNACPR decision. Where possible this will be discussed with you if you are well enough. This is not a decision that relatives or carers can make, but they may be asked about what your wishes are, if you are not well enough.

Will my relatives be informed?

Although there is no legal responsibility to inform relatives, this is strongly encouraged as long as the patient agrees. If relatives are to be informed this is usually done at the earliest opportunity and in some cases may happen after the decision has been made. If you don't want this discussed with your relatives please let the healthcare team know.

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

The healthcare team will continue to give you the best possible care. There will be a note in your health records that you are 'not for cardiopulmonary resuscitation'. This is called a 'do-not attempt cardiopulmonary resuscitation' decision, or DNACPR decision.

What about other treatment?

A DNACPR decision is about CPR only and you will receive all other appropriate treatment.

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

Although nobody can insist on having treatment that will not work, no healthcare professional would refuse your wish for CPR if there was any real possibility of it working successfully and helping to bring you back to good health. If there is doubt whether CPR might work for you, the healthcare team will arrange a second medical opinion if you would like one. If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, your opinion about whether these chances are taking is very important. In most cases, healthcare professionals and their patients agree about treatment where there has been good communication.

What if my situation changes?

The healthcare team will review decisions about CPR, especially if your wishes or condition change.

What if I change my mind?

You can change your mind at any time, and talk to any of the healthcare team caring for you.

Who else can I talk to about this?

If you wish to discuss anything further please approach a member of the healthcare team.

Adapted from: Decisions about cardiopulmonary resuscitation model patient information leaflet, Resuscitation Council (UK), British Medical Association and Royal College of Nursing, April 2008

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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