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## Cardiopulmonary resuscitation (CPR)

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## Patient information

# Cardiopulmonary Resuscitation (CPR)

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Ratified date / review date	Sep 2023 / Sep 2026
Version number / ID number	V1 / 80592/09/23



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**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 for 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.

**1 If you have any other questions, please talk to one of the health professionals caring for you.****What is CPR?**

CPR is a treatment that is used to try to restart someone's heart and breathing when one or both has stopped. When the heart stops this is called a cardiac arrest and when the breathing stops it is a respiratory arrest. If one stops, the other usually stops soon afterwards leading to cardiorespiratory arrest.

**When CPR is performed it can include:**

- repeatedly pushing down very firmly on the centre of the chest
- using electric shocks to try to reset the heart rhythm to a normal rhythm
- artificially inflating the lungs with air or oxygen through a mask over the nose and mouth or a tube inserted into the windpipe.

**2. 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 your heart and/or breathing may stop.

However, it's important that CPR is not attempted on everybody whose heart and breathing stop. For example, when someone is coming to the end of their life because of an advanced, irreversible illness, and the heart and breathing stop as part of the natural process of dying, CPR will not prevent their death. If CPR does restart the heart and breathing in these circumstances, it can leave a dying person with more distress or worse health in the last hours or days of their life. For others, receiving CPR would deprive them of dignity during the very last moments of their life.

For these reasons many people choose not to receive CPR when they know that they are coming close to the end of their life or CPR is unlikely to be successful due to their illness.

Such a decision not to attempt CPR is often called a 'Do Not Attempt CPR' or 'DNACPR' decision.

CPR will not be attempted 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 a decision not to be resuscitated and to help you understand the decisions your healthcare providers may make.

It is important to remember that your relatives, friends or carers cannot make this decision for you.

Nowadays, if possible, many healthcare teams will try to discuss CPR with individual people as part of their recommended treatment plan. The person's wishes will always be considered.

Healthcare teams will record discussions in the medical records and complete the relevant documentation if a decision has been made not to attempt resuscitation. Healthcare teams will record discussions in the medical records and complete the relevant documentation if a decision has been made not to attempt resuscitation.

This is known as a DNACPR form, and it only confirms that CPR will not be performed if breathing and/or the heart stops. All other appropriate treatment will continue and this will be recorded in a Treatment Escalation Plan (TEP) to ensure the best care is delivered.

### **3. 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, and how quickly CPR was started.

When CPR is attempted in a hospital it is successful in restarting the heart and breathing in about four out of 10 patients.

However only about two out of 10 patients survive long enough to leave hospital.

The figures are much lower for patients with serious underlying conditions and for those not in hospital at the time of the cardiorespiratory arrest.

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.

### **4. Can CPR ever be harmful?**

The techniques used to restart 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 often remain very unwell and need more treatment, usually in a coronary care or an intensive care unit.

Some people 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. Those with no health problems who are resuscitated quickly are more likely to make a full recovery.

### **5. Can I decide in advance that I DON'T want to have CPR if my heart or 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 to add to your healthcare records. You should also let the people close to you know so they are aware of your wishes.

### **6. 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 performed 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 your opinions and help you understand why the decision not to resuscitate has been made.

Your family, carers and friends can be involved in these discussions if you choose them to be.

If you disagree with your doctor's 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

### **7. If I 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.

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. If you have changed your mind since making an Advance Decision, the staff caring for you will dispose of the old documentation.

Also, see point 6 above.

A patient's decision to receive CPR will only be carried out if the health team believes it is appropriate.

## **8. 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.

## **9. 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 (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.

## **10. What 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 provide you with the best possible treatment and care. The plan is often called a Treatment Escalation Plan (TEP). 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 when breathing or heart stops (cardiorespiratory arrest), and you will receive all other treatment that you need.

## **11. 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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