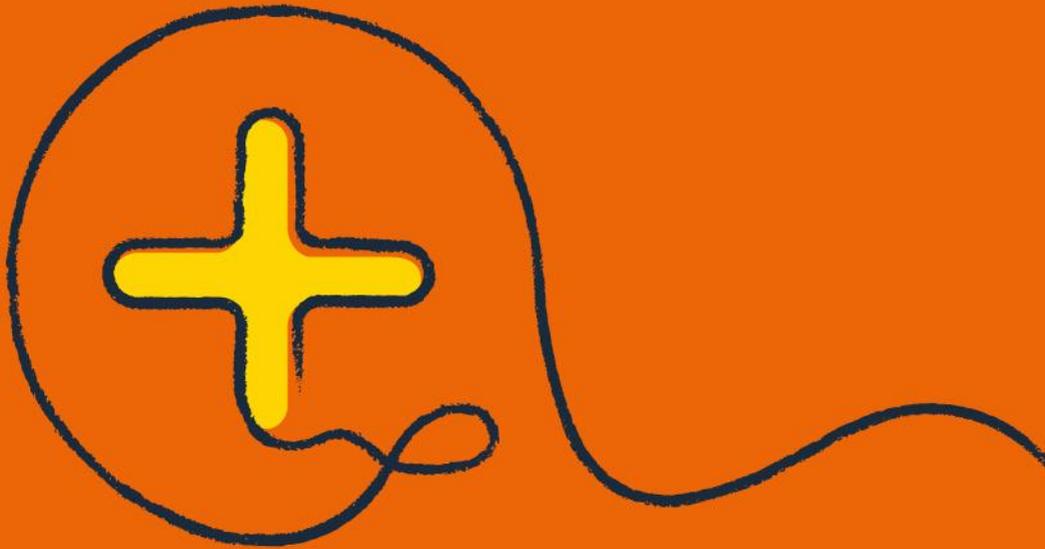


**ST CATHERINE'S
HOSPICE**

Decisions about Cardiopulmonary Resuscitation (CPR)



Content

Information for you, your family and your carers

Decisions about Cardiopulmonary Resuscitation (CPR) Information for you, your family and your carers

We know talking about the kind of care you'd like to receive when you're less well can be difficult but these conversations are vitally important. This leaflet gives you information about cardiopulmonary resuscitation (CPR) to help you understand the decisions around this treatment.

What is CPR?

When a person's heart and breathing stops (cardiopulmonary arrest), it's sometimes possible to restart their heart and breathing with an emergency treatment called cardiopulmonary resuscitation (CPR).

CPR might include:

- Mouth to mouth, or mask to mouth, breathing; or inserting a breathing tube
- Chest compressions: repeatedly pushing down very firmly on the chest
- A machine, called a defibrillator, delivering an electric shock in an attempt to restart the heart. Only certain types of cardiac arrest benefit from this treatment
- Giving drugs to try and stabilise the heart rhythm

How successful is CPR?

Success rates depend on the reason your heart and breathing stopped. CPR is most effective in people who were otherwise well and who have a type of heart rhythm disturbance that responds to an electric shock. Following CPR few people will make a full recovery; some people recover but have health problems. Despite our best efforts, unfortunately most attempts at CPR don't restart the heart and breathing.

Results are best if the event occurs in hospital as there is immediate access to all the facilities required. One in eight people (with all kinds of illness) who receive CPR in a hospital will recover sufficiently to leave the hospital. However, only one in 100 people with advanced illness, such as cancer or severe heart failure, who receive CPR in hospital, will recover enough to leave the hospital. Outcomes are worse if the cardiopulmonary arrest occurs out of hospital.

Are there any side effects or complications after CPR?

There can be. The process of CPR can sometimes cause broken ribs or internal bleeding, and anyone who is successfully revived will remain unwell and need more treatment, usually in a specialist coronary care or intensive care unit.

If you have a cardiopulmonary arrest with a pre-existing medical problem, it's unlikely you will make a full recovery. In general, most people never recover to the same level of physical or mental health as before a cardiopulmonary arrest.

Who is responsible for the decision around whether I'll have CPR?

All decisions about CPR are made on an individual basis. You are entitled to decline CPR even if your doctor recommends it.

We'll always involve you in discussions about the benefits and disadvantages of treatments and this includes CPR. If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, the risks will be discussed with you. Your opinion about whether these risks are worth taking is very important and will inform any final decision made.

If you're a patient on our ward the medical consultant caring for you has ultimate responsibility for the decision on whether CPR should be attempted. If you're at home, the decision will be made by your GP. If your consultant or GP thinks you're in the final stage of life and are likely to die soon, in which case there is no chance of CPR working, they and the team looking after you, will make sure a decision not to attempt CPR is made. If you're well enough to have a conversation about this, they'll explain this to you. If not, they'll speak with your family and carers about what's best for you.

It's often helpful to consider CPR decisions at a time when you're still well. You may want to involve someone close to you in this discussion or you may wish for them to make the decision on your behalf.

What happens if I'm unhappy with the decision that's made for me?

Although nobody can insist on having treatment that won't work, no doctor would refuse your wish for CPR if there is a real possibility of it being successful.

If you're unhappy with a decision, following discussions, our healthcare team can arrange a second medical opinion if you'd like one.

What happens if a decision to not attempt CPR (DNACPR) is made?

There will be no immediate change in the care you receive, but it helps to have a plan in place should your condition deteriorate. If this decision is made while you're an inpatient at St Catherine's a note will be made on your medical records.

If you're at home, or you are leaving the hospice, you'll be given a red bordered form explaining that a DNACPR decision has been made. This should be taken with you to all your appointments or hospital admissions. When you're at home it should be kept in a safe place. We advise that you let your family and carers know about this form and where it's kept.

What if I don't want to talk about, or think about this now?

People differ in the amount of information they want about their illness. We like to offer everyone the chance to discuss things but if talking or thinking about CPR at the moment is too difficult please tell your doctor or nurse. If you change your mind in future and do want to talk, just let us know.

If you're in the hospice, our doctors or nurses will make a decision about what's right for you, together with senior members of our team. Your family and friends aren't allowed to decide for you, but it's often helpful for the healthcare team to talk to them about your wishes.

I know that I don't want anyone to try to resuscitate me. How can I make sure they don't?

As with all treatments, you're entitled to decline CPR and any healthcare team **must** follow your wishes. The easiest way to make sure your wishes are known is to tell your doctor or nurse. They'll make sure that you have the correct paperwork and that a note is made in your medical records.

Some people choose to make a more formal record of their wishes. This can be done by completing an Advance Care Plan or creating an Advance Decision to Refuse Treatment (ADRT) (sometimes known as a living will). For further details on how to do this, or how to appoint someone to make decisions for you please speak to your doctor or nurse.

What facilities are available for CPR at St Catherine's Hospice?

If you suddenly become unwell while you're at the hospice **and** it's been agreed you'll be offered resuscitation, we'll try and get an emergency ambulance to take you to hospital before your heart or breathing stops. Hospice staff are trained to do CPR so if you do have a cardiopulmonary arrest before the ambulance gets here they will start CPR and then hand over to the paramedics.

Many people who stay with us at St Catherine's are in the final stages of their illness and we know that if their heart and breathing stops this will usually be as part of the normal dying process rather than a reversible cause. In this situation CPR won't help. Attempting it could cause someone an undignified death and we think it's very important to avoid this.

If you have any questions or would like more detailed advice about CPR decisions, please contact our advice line on 01293 447333, speak to one of our team on their next visit or ask to speak to one of our doctors.

This V1 booklet was published by St Catherine's Hospice in December 2017 and will be reviewed every two years. We would like to thank our Voices of Experience Group for their help in its production.

If it would be helpful to have this leaflet in another format or language please call the main hospice switchboard on 01293 447333.

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