

Patient information

Decisions about Cardiopulmonary Resuscitation

- Also known as 'Do Not Attempt Resuscitation' (DNAR)

Introduction

This is a booklet for patients, relatives, carers and friends. It aims to answer any questions that may arise and help you consider the issues involved.

Our aim is to explain:

- What is cardiopulmonary resuscitation (CPR);
- How decisions about CPR are made;
- Who to talk to if you have further questions.

What is CPR?

CPR is the emergency treatment used to try to restart a person's heart and breathing if they stop. When the heart and lungs stop working, it is called cardiopulmonary arrest or cardiac arrest. Cardiac arrest should not be confused with a heart attack, in which the heart and breathing do not usually stop.

CPR is also known as cardiopulmonary resuscitation, CPR, basic life support and resuscitation.

CPR may include all or some of the following:

- Forcefully pushing down on the chest (called chest compressions)
- Using electric shocks to start the heart (called defibrillation);
- Artificially inflating the lungs to supply the body with oxygen;
- Administering specialist medications.

Does everyone whose heart and lungs stop working receive CPR?

In an emergency, CPR can be attempted on anyone whose heart and lungs have stopped working unexpectedly. The healthcare team will try to revive the person in order to save their life.

Should everybody have CPR?

If patients are already seriously ill, near the end of their life or have a severe chronic or long-term disease, a resuscitation attempt may not be appropriate for them. Evidence clearly shows that CPR is very unlikely to be successful in these circumstances, and some patients prefer to die peacefully, with dignity. This is often the case when patients have many other things wrong with them, and attempting to re-start their breathing and heart would be without benefit.

Age of a patient should not affect a decision regarding CPR.

When and where can CPR be given?

Any trained person (including trained members of the public in an emergency) can attempt basic CPR anywhere it is needed. In hospitals, there are expert teams of professionals who provide CPR using specialist equipment.

Do patients recover fully after CPR?

Each person is different. Some patients make a full recovery but unfortunately, CPR does not always restart the heart and lungs, despite the best efforts of the person or the healthcare team giving CPR.

The success or failure of CPR depends on several factors. These include:

- why the patient's heart and lungs stopped working
- how quickly their heart and lungs are restarted
- and their general state of health.

Sometimes CPR itself can cause problems, such as broken ribs and bruising. Patients who are successfully resuscitated are often still very unwell, and will require further treatment, usually in a critical care environment. The vast majority of patients who receive CPR in hospital never make a full recovery.

How decisions about CPR are made

Some patients, when admitted to hospital are informed about CPR and have the chance to discuss with the health care team what action they would like taken should they suffer cardiopulmonary arrest.

Patients' wishes and views are very important with regard to CPR, and the healthcare team will want to know your views and wishes.

However, not all patients are able to discuss this because they may be confused, or too unwell. If this is the case, the doctor may discuss CPR with partners and family members.

The doctor in charge of a patient's care is responsible for making the final decision about CPR. They will ensure that all the healthcare team are involved and kept informed of the patient's (or partners/families) wishes.

Should a patient wish to discuss their own personal situation further, then please speak to a nurse or doctor from the health care team.

What information will the Doctor consider?

To enable the doctor and their team to make this decision they will consider:

- The chance of CPR being successful
- If the patient's present quality of life can be maintained following a successful resuscitation
- The patient's wishes where possible and who they want or do not want to be involved in decision making
- The opinion and views of family members and others close to the patient will be taken into account. However – family members (etc) may only express a view and not be responsible for a final decision.

The healthcare team will consider each case individually and do not make a decision based on age or disability.

A decision not to attempt CPR means that after assessing all the information, the healthcare team believe that they could not bring a patient back to good health if their heart and lungs stop, or that the patient wishes not to have CPR.

Decisions about CPR do not affect any other care and treatment the patient needs. Care and treatment (i.e. pain relief, medication, physiotherapy etc) will continue to be regarded as a priority and carried out.

The healthcare team can review these decisions, especially if a patient changes their mind, or their health condition changes.

What is a Living Will?

A living will (also called an Advance Decision) is a legally binding document that expresses a person's wish not to receive CPR should they suffer cardiopulmonary arrest. If a patient has a living will they should inform their healthcare team. The doctor will discuss this with

the patient (and partners/ family members, if appropriate) and ensure that the patient's wishes are followed. A copy of the living will should be kept in the patient's medical notes. Information regarding obtaining an advance decision / living will can be accessed through a solicitor.

Summary

- CPR stands for 'cardiopulmonary resuscitation'
- CPR means attempting to restart someone's heart and breathing using artificial means or equipment
- Senior doctors reach CPR decisions after consultation with patients, relatives and careful consideration of a patient's health and expected outcome.
- Decisions regarding CPR do not affect any other treatment and care the patient needs.

Who to talk to if you have further questions

If a patient or partner/family member feels that they have not had the chance to fully discuss CPR, or if a patient is unhappy with the discussions that have taken place, please inform the healthcare team. Further discussion will be arranged.

Some patients feel the need to discuss their decision with a counsellor or spiritual carer (such as a chaplain). A member of the healthcare team can arrange this.

If you would like to speak to someone who is independent, please contact the Patient Advice & Liaison Service. They can be contacted on 01284 712555 (hospital bleep 398) between 9am and 5pm, Monday to Friday. Alternatively you can visit their office in Main Reception.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:

<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>