

Cardiopulmonary resuscitation (CPR)

A leaflet for patients and families



Willen Hospice
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This leaflet is for patients, their families and friends. It explains:

- What cardiorespiratory arrest is (sometimes called “cardiac arrest” or just “arrest”)
- Cardiopulmonary resuscitation (CPR) as a treatment for cardiac arrest
- How it may apply to you
- How decisions about it are made

The doctors or nurses looking after you will be happy to discuss any questions you have about CPR.

What are cardiorespiratory arrest and CPR?

Cardiorespiratory arrest means that a person’s heart and breathing have stopped. Put simply, it is the moment at which that person has died. (This is not the same as other serious events such as heart attack, collapse or coma, which are treated differently). When cardiorespiratory arrest happens, it is sometimes possible to restart the heart and breathing with emergency treatment called CPR (cardiopulmonary resuscitation – sometimes just called “resuscitation”). This can include:

- Mouth to mouth or mask to mouth breathing
- Repeatedly pushing down very firmly on the chest (chest compressions)
- Delivering electric shocks to the heart with a machine called a defibrillator (this is only suitable for certain types of cardiorespiratory arrest)
- In hospital (but not in the Hospice), a mask or tube can be inserted into the windpipe through which oxygen is pumped into the lungs. Intravenous drugs can also be given.

Any patient whose heart is successfully restarted needs immediate transfer to hospital for care, usually in a high dependency unit.

What facilities are available for resuscitation at Willen Hospice?

If a cardiorespiratory arrest happens in the Hospice, a 999 ambulance will be called. Hospice staff are trained to start chest compressions and mask to mouth breathing. There is an automatic defibrillator which will be used if suitable for the type of arrest. Staff are trained annually in CPR.

How successful is CPR?

The media sometimes present CPR as being very successful. In fact, CPR usually only works in certain situations. People who were previously in good health and have specific types of cardiorespiratory arrest are much more likely to respond to treatment. Only one in eight people (with all kinds of illness) who receive CPR in a hospital with all the available facilities will recover enough to leave hospital (1).

A person’s chances of surviving CPR very much depend on how well they were before the cardiorespiratory arrest. In people with very serious, advanced illness such as advanced cancer, heart or lung disease, only about one person in a hundred who receives CPR will recover enough to leave hospital (2).

Are there side effects or complications of CPR?

CPR can sometimes cause broken ribs, punctured lung or internal bleeding. A person who survives CPR is often still very unwell and may suffer brain damage or go into a coma. Some patients never recover the level of physical or mental health they had before the cardiorespiratory arrest.

What does CPR mean for patients in the Hospice service?

Sudden cardiorespiratory arrest is uncommon in Hospice patients. For most people, the heart and breathing slow down gradually over hours or days after a period of worsening illness, they become more sleepy and their death is natural and expected. For each patient in the Hospice service, a decision is made as to whether CPR would be the right treatment for them. This decision applies only to CPR in the event of cardiorespiratory arrest and not to any other aspect of that person's care. Treatments such as antibiotics, painkillers or drips are all still given where appropriate, along with everything possible for that person's comfort. If a decision is made not to offer CPR (called a DNACPR decision), its purpose is to avoid unpleasant treatment which has little chance of success, and to allow a dignified and peaceful death in due time.

Who makes the decision about resuscitation?

If there is a chance CPR may succeed, your doctor will offer to discuss it with you and will take your wishes into account. You do not have to talk about it if you do not want to. The senior doctor looking after you is ultimately responsible for deciding whether you will be offered CPR. At home, this would be your GP, or the Consultant or senior Hospice doctor if you are a Hospice in-patient. The aim is to make a calm decision in advance so that there is a clear treatment plan. The doctor will carefully consider the likelihood of CPR succeeding, based on the seriousness of your underlying illness and the quality of life you could expect if CPR was successful. If you decide that you definitely would not want CPR, your wishes will be respected whatever your state of health. With your permission, CPR can be discussed with your family or friends, but they cannot make decisions about it for you.

How is the CPR decision recorded?

The decision is recorded on a purple form which is kept in your notes in the hospice and at home, so that all staff looking after you are clear about your care plan. The ambulance service is also informed, so that if cardiopulmonary arrest happens at home, ambulance staff can offer appropriate support instead of CPR. Doctors and nurses will regularly review the decision and may change it to suit your condition at the time. If there are any changes, they will offer to discuss them with you.

What if I have questions or worries?

Doctors and nurses will be happy to discuss CPR with you at any stage of your illness and, with your permission, with your relatives or friends.

References

1. Ebell MH, Becker LA, Barry HC, Hagen M. Survival after In-Hospital Cardiopulmonary Resuscitation: Meta-Analysis. J Gen Intern Med 1998; 13: 805-816.
2. Tunstall-Pedoe H. et al. Survey of 3675 Cardiopulmonary Resuscitations in British Hospitals (the Bresus study). BMJ 1992; 304: 1347f.

Further information about CPR is available from:

Resuscitation Council (UK)
5th Floor, Tavistock House North,
Tavistock Square, London WC1H 9HR

British Medical Association
Public Affairs Department, BMA House
Tavistock Square, London WC1H 9JP



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