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ने दुवाळु उतरममे ची लेख वै तं विरथा वरवे एस नंघर उे देन वरवे: 01932 723553

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Information about Decisions Relating to Cardiopulmonary Resuscitation



Information for you, your relatives and carers about Decisions Relating to Cardiopulmonary Resuscitation

This leaflet explains:

- What cardiopulmonary resuscitation (CPR) is
- How you will know whether it is relevant to you
- How decisions about it are made

This is a general leaflet for everyone over 16 but it may also be useful for your next of kin or others who are important to you. This leaflet may not answer all your questions about CPR, but it should help you to think about the issue and the choices available. If you have any other questions, please talk to one of the healthcare professionals in your team (doctors, nurses, and others).

A Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision is about **CPR only**, you will receive all the other treatment that you need.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Who else can I talk to about this?

If you need to discuss this with someone outside of your family, friends, or carers, to help you make an informed decision, 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

Adapted from: Decisions relating to Cardiopulmonary Resuscitation, Resuscitation Council (UK), October 2014

What is CPR?

When a person's heart and breathing stop, it is sometimes possible to 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 to restart the heart
- Inflating the lungs through a mask over the mouth and nose or insert a tube into the windpipe.

Is CPR tried on everybody whose heart and breathing stop?

Yes, in an emergency, if it is felt there is a chance it will be successful and the person has not refused CPR. When the heart and breathing stop without warning, for example, if a person has a serious injury or suffers a heart attack and the heart and breathing, stop suddenly, the priority is to try to save the person's life.

A person's heart and breathing also stop working as part of the natural and expected process of dying. If people are already very seriously ill and near the end of their life, there may be no benefit in trying to revive them each time their heart and breathing stop. This is particularly true when patients have other things wrong with them that mean they don't have much longer to live. In these cases, re-starting their heart and breathing may do more harm than good by prolonging the pain or suffering of a terminal illness.

Do people get back to normal after CPR?

Everybody is different. A few people will make a full recovery and some recover but have severe health problems as a result. Unfortunately, most attempts at CPR do not restart the heart and breathing despite the best efforts of everyone concerned. It depends on why the heart and breathing stopped and the person's general health.

People who are revived are often still very unwell and need more treatment, usually in an intensive care unit or a coronary care unit. Some people never get back to the level of physical or mental health they enjoyed before their heart and breathing stopped. Some have brain damage or go into a coma. People with many medical problems are less likely to make a full recovery. The techniques used to start the heart and breathing sometimes cause side effects such as bruising, fractured ribs and punctured lungs.

Is my heart and breathing likely to stop?

This depends on your medical condition. The healthcare professionals caring for you are the best people to discuss this with. People with the same symptoms do not necessarily have the same disease and people respond to illness differently. It is normal for healthcare professionals and patients to plan what will happen if your heart and breathing stop.

Somebody from your healthcare team will talk to you about:

- your illness
- what you can expect to happen; and
- what can be done to help you.

What if I want CPR to be attempted, but my doctor 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 being successful. If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, your opinion, where appropriate, about whether these chances are worth taking is very important. The healthcare team will listen to your opinions and to the people close to you if you want them involved in the discussion. In most cases, healthcare professionals and their patients agree about treatment where there has been good communication.

What if my situation changes?

Your healthcare team will review decisions about CPR if your wishes or condition change.

What if I change my mind?

You can change your mind at any time; however, this must be discussed with your healthcare team.

If you feel you have not had the chance to have a proper discussion with your healthcare 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 have the information and understanding that you require.

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

If you don't want CPR, you can refuse it and the healthcare team must follow your wishes. You can make an Advanced Decision (AD) to refuse treatment (formally known as a living will) and have your wishes put in writing. This must be signed by you and witnesses. If the advanced decision refuses life-sustaining treatment, it must:

- be in writing (it can be written by someone else or recorded in the healthcare notes)
- be signed and witnessed, and
- state clearly that the decision applies even if your 'life is at risk.'

An Advanced Decision is a statement made by a mentally competent person aged over 18 years which defines in advance their refusal of specific medical treatment should he / she become mentally or physically incapable of making his / her wishes known. An Advanced Decision can be either a written document or a verbal statement. However, if you wish the Advanced Decision to refer to life-sustaining treatment, then this must be in writing.

If you have an AD, you must make sure that your healthcare team is aware of it and a copy is placed in your medical records. You should also let people close to you know so that they can tell the healthcare team what you want if they are asked.

For more information on Advanced Decisions visit:

www.publicguardian.gov.uk

What is the chance of CPR reviving me if my heart and breathing stop?

The chance of CPR reviving you will depend on:

- why your heart and breathing have stopped
- any illness or medical problems you have (or have had in the past); and
- the overall condition of your health

When CPR is attempted in hospital it is successful in restarting the heart and breathing in about 4 out of 10 patients. On average, 2 out of 10 patients survive long enough to go home. The figures are much lower for people with serious underlying conditions. Everybody is different and your healthcare team will explain what CPR may do for you.

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

No. What is important is your current state of health, your current 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.

Will I be asked whether I want CPR?

If it is appropriate, you and the healthcare professionals in charge of your care will decide whether CPR should be attempted if your heart and breathing stop. The healthcare team looking after you will look at all your medical issues, including whether CPR is likely to be able to restart your heart and breathing if they stop. It is beneficial to attempt resuscitation if it might prolong your life in a

way that you can enjoy. Sometimes, however, restarting a person's heart and breathing leaves them with severe disability that can prolong suffering. Your wishes are very important in deciding whether resuscitation may benefit you, and your healthcare team will want to know what you think. Your next of kin, family and close friends can be involved in these discussions should you wish.

What if I don't want to decide?

You don't have to talk about CPR if you don't want to, or you can put the discussion off if you feel you are being asked to decide too much too quickly. Your next of kin, family or those who you feel know you best might be able to help you make a decision you are comfortable with. Otherwise, the doctor in charge of your care will decide whether or not CPR should be attempted, taking into account things you have said.

What if I am unable to decide for myself?

Adults can choose somebody to make decisions for them (a 'proxy') if at a later stage they cannot make decisions for themselves. If you have not formally chosen a proxy the healthcare professional in charge of your care will make a decision about what is best for you. Your family and friends are not allowed to decide for you but it can be helpful for the healthcare team to talk to them about your wishes. If there are people you do (or do not) want to be asked about your care, you should 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. The healthcare professionals in charge of your care will make sure that you, the healthcare team, and your next of kin or family that you want involved, know and understand the decision. 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; you will receive all the other treatment you need.

What if a decision hasn't been made and my heart and breathing stop?

CPR will be started and the medical team will explore why your heart and breathing have stopped. They will review your notes and medical history and make a decision to either continue treatment or to stop resuscitation.

If you are successfully resuscitated you will usually need to be admitted to the intensive care unit for further treatment. However, if you cannot be successfully resuscitated your next of kin will be contacted and informed that you have died.