

Think about your beliefs about death and dying: You may choose CPR if it offers hope that you will be able to resume your usual activities. However, depending on your beliefs about death and dying and your overall health, you may decide that the risks outweigh the possible benefits. You may prefer to die naturally without CPR.

What if I decide I don't want CPR?

Inform your doctor or nurse and your family of your decision not to have CPR. Your decision will be documented and always available to your healthcare team.

A decision to not have CPR does not affect any other medical treatment decisions. You will be offered appropriate treatments for your condition, including care aimed at keeping you as comfortable as possible.

If you choose not to have CPR, and you suffer a respiratory or cardiac arrest, it is unlikely that your heart will resume beating on its own. The most likely outcome is death.

When you are transferred to another facility or discharged home, you should be given a copy of a Ministry of Health and Long Term Care Do Not Resuscitate Confirmation Form. If you suffer a respiratory or cardiac arrest during transfer or at home, this Form directs paramedics and firefighters to honour your wish not to receive CPR.

What happens at The Credit Valley Hospital if I suffer a respiratory or cardiac arrest?

Unless a No CPR decision has been agreed upon, when a respiratory or cardiac arrest occurs at The Credit Valley Hospital, basic CPR is started and an emergency response team is called. The emergency response team provides advanced CPR.

If the heart is restarted, in most cases, the person will require life support. He/she will be transferred to the critical care unit for ongoing care.

Online resources include:

Each of the following websites provides information to assist patients and families in making decisions about cardiopulmonary resuscitation.

Canadian Nurses Association

http://www.cna-aiic.ca/CNA/documents/pdf/publications/making_decisions_about_cpr_e.pdf

Cancer BackUp

<http://www.cancerbackup.org.uk/Resourcessupport/Advancedcancer/CPRforpeoplewithcancer>

Healthwise

<http://www.healthwise.net/cochrane/decisionaid/Content/StdDocument.aspx?DOCHWID=tu2951&SECHWID=tu2951-Intro>



A Guide for Patients & Families about Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary Resuscitation (CPR)

Mark has advanced cancer. His first grandchild is due to be born soon. He asks his healthcare team to do everything they can to keep him alive until then, including CPR.

Maria has Alzheimer's dementia. She is being admitted to hospital for treatment of pneumonia. The healthcare team meets with Maria and her family to discuss her plan of care. The team does not advise CPR.

Guliana had knee surgery. She is transferred to a new unit for rehabilitation. Other than osteoporosis (bone disease), she has no major medical problems. Her new physician wants to clarify her wishes about CPR.

In each of the above cases a decision about whether or not the patient should receive cardiopulmonary resuscitation (CPR) is being considered.

CPR is a set of procedures administered when a person's breathing stops (respiratory arrest) and/or heart stops beating (cardiac arrest). In most hospitals, CPR is done, unless a prior decision to withhold CPR has been agreed upon.

So that you can make an educated choice as to whether or not you wish to receive CPR, this brochure provides some general information to guide your decision.

Why we ask about CPR?

We cannot always tell who will need CPR. Over half of all people who need CPR had no earlier symptoms of heart problems.

At the time that the person's breathing or heart stops, the person is unable to tell us what he or she wants done. Because it is important that CPR begin right away, there is no time to ask someone else. This is why we should talk about CPR before it is needed.

What is CPR?

Cardiopulmonary resuscitation (CPR) is the treatment that is started when someone's heart or breathing stops. It may include the following treatments:

Ventilation: Air (oxygen) is pumped into the lungs through a mask. A tube may be placed into the windpipe (trachea). The person may be connected to a machine called a ventilator. This may be called "being put on life support."

Compressions: Pressure is applied to the chest. This is done to squeeze the heart and pump blood through the body. Oxygen is carried by the blood to the organs in the body.

Defibrillation: A device may be used to give the heart an electrical shock(s).

Medications: Medicines may be injected into a vein to help the heart beat again.

What are the benefits of CPR?

Healthy people who have CPR started right away are most likely to benefit. A few people make a full recovery; some recover but have many health problems. Unfortunately, despite everyone's best efforts most attempts at CPR are not successful.

What are the risks of CPR?

During a respiratory or cardiac arrest, brain damage occurs due to a lack of oxygen to the brain. The longer the brain is without oxygen, the greater the damage that is done. Damage may be temporary or permanent. Brain damage may include physical and mental disabilities. Ribs can be broken from chest compressions; lungs may also be punctured. Even if CPR restarts the heart, the person may not be able to return to usual activities. The person may need to remain on life-support for the rest of his/her life.

How do I decide about CPR?

Talking with your doctor and healthcare team and those close to you can help you decide.

Ask about your medical problems and overall health: Some people are more likely to benefit from CPR than others. If you are generally healthy, CPR may offer you the chance to return to your usual activities. Some people are unlikely to benefit at all. For people who are very seriously ill and have multiple health problems, CPR may do more harm than good. It may cause pain or suffering for a person who is dying.