



Cardio-Pulmonary Resuscitation

A guide for patients and their relatives

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www.uhb.nhs.uk/patient-information-leaflets.htm

What this leaflet is about...

It explains how decisions are made on whether to attempt CPR (Cardio Pulmonary Resuscitation) on a patient if their heart and lungs stop working. This information is being offered to you as part of the planning of your treatment and care during your stay in hospital.

What is CPR?

This is the emergency treatment used to try to restart someone's heart and breathing if these should stop working for any reason.

Generally CPR can be attempted on anyone whose heart and breathing have stopped. In certain circumstances there may be no benefit in trying to restart the heart or breathing. If this is the case, patients will have had a history of advanced illness and research has shown us that CPR for such people has a poor chance of success.

If a patient does state / decide that they do not want CPR, or in the case that medical staff believe that attempts would be unsuccessful, then the medical team will put a do not attempt resuscitation order known as a 'DNACPR' card (this is recorded on a electronic 'patient note system' called PIC's). It may be difficult for patients and their relatives to accept the fact that all of us, eventually, reach a point where our hearts stop and we die. Nobody would deny a patient treatment when their heart stops if there were a real possibility of CPR being successful.

CPR might include:

- Forcefully pressing on the chest
- Using electric shocks to re-start the heart
- Inflating the lungs with a mask or tube inserted into the windpipe to assist breathing

The success of CPR in restarting the heart and breathing depends on:

- Why the heart and lungs have stopped
- For how long they have stopped
- Overall health

Who is likely to have a cardiac arrest?

Most patients who are in hospitals do not have a cardiac arrest. The heart and lungs are only likely to stop working in someone who is very sick or has a terminal illness. The staff looking after you will be able to answer any questions you may have about your medical condition.

What are the risks and benefits of CPR?

When a cardiac arrest occurs, the heart and lungs cannot be restarted without CPR. Fewer than 2 out of 10 recover after CPR. It is more often the case that, despite the best efforts of the healthcare team, once the heart and breathing have stopped they cannot be restarted using CPR and the patient dies.

CPR may cause side effects, such as severe bruising, damage to internal organs and fractured ribs. Patients who are revived using CPR will usually need to be cared for in a coronary care unit or even an intensive care unit.

The risks and benefits of CPR for each person are different, and the doctors and nurses looking after you may wish to discuss the risks and likely benefits of CPR in your particular case.

Are there any alternative treatments?

No. There are no alternative treatments to CPR for a cardiac arrest.

Who will be involved in the decision whether or not to use CPR?

If the doctors and nurses consider that a patient is at risk of having a 'cardiac arrest' then a senior member of the health care team will try to seek the patient's views on CPR. A patient may decide that they do not want CPR and this decision will be recorded in the medical notes and on the DNACPR order (Do Not Attempt Cardio Pulmonary Resuscitation) on the electronic patient noting system 'PICs', where it can easily be found in the event of a cardiac arrest.

If you have a living will (advance decision) please inform doctors or nurses of this. It is important for patients to make their views on CPR known to the healthcare team as soon as possible, although the patient may choose not to be involved in the making of the decision regarding CPR.

Relatives and carers cannot make decisions for a patient but can inform the medical staff of a patient's known wishes if the patient is unable to do so. Relatives, carers and friends may be involved in the discussion but cannot decide for the patient except under the Mental Capacity Act 2005.

www.legislation.gov.uk/acts/acts2005/20050009

What will happen if a DNACPR order is made?

Patients with a DNACPR order will still receive the very best of medical and nursing care from our staff. It is NOT the same as withdrawal of care. Most patients recover from their illness without suffering a cardiac arrest and can be discharged from hospital.

What happens if I do want CPR to be attempted?

The senior medical staff will decide whether or not CPR would benefit the patient if they have a cardiac arrest. Where possible the patient will be involved in this decision. The decision will be based on the patient's medical condition, their known wishes and the likelihood of CPR resulting in survival.

In this hospital the ultimate decision about CPR rests with the consultant in charge of the patient's care. It is better for the patient and their relatives, carers and friends if agreement can be reached on a DNACPR decision. If there is a disagreement, you are entitled to a second medical opinion.

Can a decision about CPR be changed?

The consultant in charge of a patient's care will regularly review his or her decision about CPR and may reconsider the decision if the patient's medical condition changes. Where the patient is able to do so, he or she will be involved about decisions relating to CPR. If you have further questions about CPR this should be discussed with a senior member of the medical team.

CPR decisions will be reviewed if patients are discharged or transferred to other hospitals.

University Hospital Birmingham NHS Foundation Trust, Resuscitation Policy

We have a Resuscitation Policy at this Trust to ensure that we offer the best care for patients. This includes involving patients in the decision about CPR wherever it is possible, whilst maintaining dignity and keeping distress at a minimum for patients who are unlikely to benefit, or who do not wish to have CPR. It is recognised therefore, that unless DNACPR has been discussed and agreed, the cardiac arrest teams will be called

to treat a patient who, may have advanced and irreversible conditions. The arrest team will then carry out an assessment and decide, whether it is appropriate to continue trying to resuscitate the patient.

What support is available to patients, relatives and carers?

For further information on resuscitation policies please see Resuscitation Council (UK) website on: www.resus.org.uk and on British Medical Association website at: www.bma.org.uk.

If you have any concerns about your care, or need help accessing this information, you may contact Patient Advice and Liaison Service (PALS) on 0121 371 3280.

The Trust medical teams, senior nursing staff, resuscitation team and chaplains are available and can be contacted through ward staff or via hospital switchboard.

References:

University Hospitals Birmingham NHS Foundation Trust Do Not Attempt Resuscitation Policy.

www.bma.org.uk

www.resus.org.uk

www.legislation.gov.uk/acts2005

Contact details

The Resuscitation Service can be contacted on:
0121 371 5940 (direct line)

A Resuscitation Officer can be contacted via the hospital switchboard: 0121 627 2000

