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Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions





Contents

What is CPR?	3
How successful is CPR?	4
Would I always be given CPR if my heart and breathing stopped?	4
How can I make clear that I do not want CPR?	5
If you have not drawn up an advance decision and do not want CPR – please let us know	6
If I make a DNACPR decision will I still receive other treatment?	6
Does it matter how old I am or that I have a disability?	6
I do not know whether I want CPR or not	7
What if I make a decision and then change my mind?	7
Who can I contact for further information?	7

This leaflet gives you general information on cardiopulmonary resuscitation. It does not replace the need for personal advice from a healthcare professional. Please ask us if you have any questions.

Cardiopulmonary resuscitation (CPR)

This is a leaflet for patients, but it may also be useful for family members, or those close to you, to read.

Sometimes the heart and breathing stop unexpectedly, possibly due to a heart attack or serious injury. This leaflet explains what we may do if your heart stops beating and you stop breathing.

This is difficult to think about, but we hope this information

will support the guidance given to you by staff.

Topics covered include:

- What CPR is
- How you know if it is relevant to you
- How decisions about CPR are made

If you have any questions about the information in this leaflet, please ask a member of staff.

What is CPR?

CPR is an emergency treatment that may sometimes be given when somebody's heart and breathing stop (cardiorespiratory arrest).

CPR may involve trying to:

- Restart the heart pumping / blood circulating by repeatedly pushing firmly down on the chest. This is known as chest compressions.
- Restart the heart pumping / blood circulating by using electric shocks.
- Correct the rhythm of the heart beat by using electric shocks.
- Restart breathing by using a mask and placing a tube into the trachea (windpipe) to try to get oxygen into the lungs.



How successful is CPR?

This varies and depends on:

- What has caused the breathing and heart to stop
- Whether the person is already very seriously ill

If CPR is successful the patient may return to a full, or relatively full, life depending on their state of health before the cardiorespiratory arrest occurred.

Sometimes the heart and breathing stop when someone is nearing the end of life, as part of the natural and

expected process of dying. In this situation, reviving them may prolong suffering with an illness from which they will not recover, such as terminal cancer or end-stage heart failure.

In some cases, CPR can restart the heart and breathing but may leave the person injured, severely ill or disabled. Other injuries from CPR may include bruising, fractured ribs and punctured lungs. If circulation has stopped, or has been inadequate for some time, this could result in brain damage.

Would I always be given CPR if my heart and breathing stopped?

Patients are not automatically given CPR if their heart or breathing stops. A realistic decision needs to be made based on the likelihood of survival and the potential quality of life. Your doctor will explain how likely he or she thinks it is that CPR may work in your case. The quality and length of life he or she thinks you may return to will also be explained.

Your wishes are very important in making this decision. However, the **ultimate decision** in whether or not to undertake CPR rests with the medical team.

Please be aware that the medical team **will not** carry out any treatment that they consider will not benefit the patient, including CPR.

How can I make it clear that I do not want CPR?

Some people feel very strongly that they do not want CPR if they go into cardiorespiratory arrest. The best way to make clear that you do not want CPR is to make an “advance decision” (previously known as a “living will”). This is a statement that makes clear, in advance, what treatment you do, and do not, want in the event that you become seriously ill.

For an advance decision to be valid, it must:

- Have been made by a person who is over 18 and who is capable of making such decisions
- Make clear what treatment is to be refused
- Make clear the situations in which this refusal would apply
- Not have been made under the influence of anyone else
- Not have been altered since it was made – either verbally or in writing

- Be signed, dated and witnessed

If you have drawn up an advance decision, or have given Lasting Power of Attorney for Health and Welfare to someone, please make sure that we have a copy of it. We will put it with your records.

If you do not already have an advance decision and would like to make one, please ask us. You can find out more about advance decisions on the NHS Choices website at www.nhs.uk.

If you already have an advance decision, do remember to tell your family members, so that if you are not able to communicate, they are aware of your wishes.



If you have not drawn up an advance decision and do not want CPR – please let us know

We will make a note in your health records making it clear that you are “not for cardiopulmonary resuscitation”. This is called a “Do Not Attempt Cardiopulmonary Resuscitation” decision, or a “DNACPR”.

It is generally recommended that you make your friends and family aware of your decision.

If I make a DNACPR decision will I still receive other treatment?

A DNACPR decision is about CPR only. You will receive all the other treatment that you need.

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

No. Your age alone does not affect the decision, nor does having a disability. The important things are:

- Your state of health
- Your wishes
- The likelihood of the healthcare team being able to achieve a satisfactory outcome

I do not know whether I want CPR or not

You do not have to make a decision about CPR. You can leave it to your doctor to decide what he or she thinks might be the likely outcome if CPR is attempted. The doctor may take the views of your family into account.

Many people find it helpful to talk through the decision with other people, such as friends or family. You may prefer to talk to someone you do not know – perhaps a psychologist, a chaplain or a support group. If you would like contact details, please ask.

What if I make a decision and then change my mind?

You are free to change your mind at any time – just talk to a member of staff.

Who can I contact for further information?

You can find a great deal of useful information about CPR decisions, advance decisions and power of attorney on the government website, at www.direct.gov.uk.

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call PALS on:

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

You can also email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
tel: 020 7352 8121
textphone: (18001) 020 7352 8121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
tel: 01895 823 737
textphone: (18001) 01895 823 737

Website: www.rbht.nhs.uk

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercemesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercemenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

