

Frequently asked questions about cardiopulmonary resuscitation (CPR)

This factsheet is for guidance only and has been produced with assistance from healthcare professionals

This leaflet gives LOROS patients information about cardiopulmonary resuscitation (CPR). You and those close to you may find it helpful to go through this leaflet with a doctor or nurse if you have any further questions or concerns.

What is CPR?

CPR is an emergency treatment which tries to restart a person's heart or breathing when these suddenly stop ('cardiac and/or respiratory arrest'). CPR does not refer to other treatments such as antibiotics or 'drips' which are treated separately.

CPR can include:

- 'Mouth to mouth' or 'mask to mouth' breathing
- Pushing down firmly on the chest repeatedly ('chest compressions')
- In hospitals a tube may be put into the windpipe and a bag or a machine is used to pump oxygen into the lungs.
- Special machines known as defibrillators may also be used to deliver electric shocks to the heart – only certain types of cardiac arrest respond to defibrillators.

What facilities for CPR are available at LOROS?

At LOROS we have a defibrillator which is available when appropriate. Our staff are trained in chest compressions (and 'mask to mouth' breathing if appropriate) to cover the infrequent situations when patients might benefit from an attempt at CPR. In this situation a '999' ambulance will also be called.

Sudden stopping of the heart and breathing requiring CPR is very unusual in hospice patients; more commonly the person becomes sleepier and the heart and breathing slows down gradually over a period of hours or days.

How successful is CPR?

Sometimes the media present CPR as being very successful.

CPR usually only works in certain situations: people who were previously well and whose heart stops due to an abnormal rhythm are much more likely to respond to treatment.

Only one in eight people (with all kinds of illness) who received CPR in a hospital with all the available facilities will recover enough to leave hospital.¹

In people with very serious, advanced illnesses (for example advanced cancer or severe heart or lung disease) only about one person in a hundred who received CPR will recover enough to leave hospital.²

Are there side effects or complications after CPR?

CPR can sometimes cause broken ribs and internal bleeding. Even if people survive after CPR, they may be left with additional medical complications such as brain damage.

Who is responsible for the decision?

The ultimate responsibility for the decision rests with the senior doctor caring for you.

At home this will usually be your GP. In our Hospice ward, if you come to clinic or Day Therapy, LOROS staff may also make a decision with you. This will usually be the consultant responsible for your care, another senior doctor or a senior trained nurse.

The medical and nursing team will always consider whether CPR will work. Decisions are reviewed by the clinical team looking after you. Our aim is to provide you with dignity at all stages of life.

Will CPR be discussed with me?

If you do not have a current, valid 'Do Not Attempt Cardio-pulmonary Resuscitation' form (DNACPR), we will discuss your views about CPR with you, unless we judge that to do so would be harmful. The doctor in charge of your care will tell you if they think you may benefit from it. We may also discuss it with you family with your permission.

Should you require inpatient care and CPR is particularly relevant to your needs, or you wish to have full CPR facilities available, it may on rare occasions be more appropriate for you to be cared for in hospital rather than at LOROS.

How are decisions recorded?

Patients will have a CPR decision recorded in their medical notes on admission to LOROS. A 'Do Not Attempt Cardiopulmonary Resuscitation' form will be completed which will be given to you if you go home.

What happens if I am unhappy with the decision?

We recognised that these situations are potentially very stressful for you and those close to you. You have a right to a second opinion if you are unhappy with a CPR decision.

Sometimes people who are worried they will be denied other treatments if they are 'not for resuscitation'.

We will ensure you are involved in all decisions about your care. If we feel that antibiotics or 'drips' may help you, we will discuss these with you in the usual way.

Recording your wishes

Some people decide to record their wishes to refuse certain treatments in an 'Advance Decision to Refuse Treatment' (ADRT). If you wish to decline CPR in such a statement, you will need to sign it and have your signature witnessed. Your doctor or nurse will be happy to discuss making an 'ADRT' with you.

LOROS Hospice is dedicated to ensuring equality and diversity is at the core of all our activities.

This leaflet is updated regularly. For the most up to date information please visit loros.co.uk/care

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. Tunstal-Pedoe H. et al. Survey of 3675 Cardiopulmonary Resuscitation in British Hospitals (the Bresus study). BMJ 1992; 304: 1347-1351

In cases of comments or complaints, please contact:

Chief Executive or Director of Care Services
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or, Care Quality commission, East Midlands Office, Citygate, Gallowgate, Newcastle Upon Tyne. NE1 4PA

Alternative language copies available:

If you would like this information in another language or format, please contact the Patient Experience Lead PA on (0116) 231 8435

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Hospice Care for Leicester, Leicestershire & Rutland

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