

The goal of this handout is to help you make an informed decision about whether or not to have cardiopulmonary resuscitation (CPR) if your heart stops.

Overview

1. Why is the health care team asking me about CPR?
2. What is CPR and what happens during CPR?
3. What medical problems can happen after CPR?
4. What is the success rate of CPR?
5. What happens if I decide not to have CPR?
6. What will happen after I speak to the health care team about CPR?
7. Who should I talk to about CPR?
8. How do I make this decision?



1. Why is the health care team asking about CPR?

Your health care team wants to ensure that every person's thoughts and preferences about important medical decisions are taken into account. Because CPR occurs in an emergency situation, health care providers ask most adults – even healthy ones – about their preferences regarding resuscitation so that they know exactly how every person wants to be treated if an emergency does happen.

2. What is CPR what happens during CPR?

CPR (cardio-pulmonary resuscitation) is the term used to describe treatments used to try to restart your heart after it has stopped beating due to a heart attack, drowning, serious accident, or serious illness. You may have seen CPR on TV, where it looks quick and easy. In real life, it is much more difficult.

If your heart stops beating, CPR can be started if there are trained people close by. CPR involves having a trained person push hard on your chest to circulate the blood around your body. Sometimes another person will also perform mouth to mouth resuscitation. Once medical personnel arrive, they may give you intravenous medications, electric shocks to the chest (cardioversion or defibrillation), and insert a breathing tube into your airway (intubation). Some public areas, likely most airports, have automated external defibrillators (AED), which are portable devices that check the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm.

Most people who survive the initial attempts at CPR will require time in an intensive care unit (ICU), often on a breathing machine (ventilator) for some period of time. Some patients who survive CPR will require a prolonged period of medical treatment, and some may require full time care at home or long term care in a nursing home because of brain damage due to lack of oxygen to the brain.

3. What medical problems can happen after CPR?

- Up to half of people may have long term brain damage – for many people it will be mild, but for some, it will be severe
- Almost all (97%) will have ribs broken
- Almost half (43%) will have a broken breastbone
- Most (59%) will have bruising to the chest
- Almost one-third (30%) will get burns on their chest from shocks

4. What is the success rate of CPR?

Although CPR usually works on television, in reality, success rates of CPR are low. They can range from less than 1 in 100 in patients who are very ill or frail to as high as 27 in 100 if the person is otherwise healthy and in a hospital setting where treatments are readily available.

Who is MOST likely to live after CPR?

- People who are young, fit, and have no major health problems
- Have CPR started soon after the heart stops
- Have the type of heartbeat that responds to shocks (not all do)

Who is LEAST likely to live after CPR?

- People with late stages of cancer – only about 1% of these people live
- People who are older, frail, and with chronic medical illnesses
- People in nursing homes – in Whatcom County the success rate is less than 1%
- Have the type of heartbeat that does not respond to shocks

OUT-OF-HOSPITAL CPR

In Whatcom County, of all patients who have CPR outside of a hospital setting, about 15 out of 100 will survive to hospital discharge with fairly normal brain function. This is much higher than the national average of 8 out of 100. Some survivors have serious brain damage (are in a “vegetative state” or require help with all daily tasks). In 2013 and 2014, not one patient (0%) who received CPR in a nursing home in Whatcom County survived. In general, survival rates from out-of-hospital CPR are about half of in-hospital CPR.



Your expected survival rate for **out-of-hospital** CPR is:

_____ out of 100 or _____%

IN-HOSPITAL CPR

The success rate of in-hospital CPR is higher than out-of-hospital CPR, but still depends on your overall health. Your doctors can use their knowledge to give you an estimate of what your expected survival from CPR would be. There is a score called the GO-FAR (Good Outcomes Following Attempted Resuscitation) that can help the doctors estimate what your chances of surviving CPR are for a particular hospitalization episode. In ill patients, chances of surviving CPR may be less than 1 in 100. In patients who experience a cardiac rhythm problem but are otherwise healthy, survival can be as high as 27 out of 100.

Your expected survival rate from CPR for **this hospitalization** is:

5. What happens if I decide not to have CPR?

If you elect not to receive CPR, if your heart or lungs were to stop, you would experience a “natural death.” If you experience a period of shortness of breath or distress, your health care team would do everything possible to make you comfortable and treat you and your family with dignity and respect.

6. What will happen after I speak to the team about CPR?

Your team will write a note and an order in your chart. In many hospitals, including PeaceHealth St. Joseph Medical Center, you will be given a special armband if you decide to have no CPR. Again, the decision not to have CPR should have no impact on your other medical treatments.

7. Who should I talk to about CPR?

Any time you are hospitalized, you should make certain that your health care team is aware of your preferences regarding CPR. Your regular doctor, your family, and your health care surrogate should know your preferences regarding CPR. If you desire no resuscitation, it is important to fill out a POLST form and have it available at your house in case the emergency medical system (911) is activated. Without a POLST form, emergency personnel would perform CPR on you.

The decision about CPR is one part of your advance care planning. You should talk about your health care wishes with your family or with whomever you would want to help you with health care decisions. Your healthcare team also needs to be aware of your health care preferences.

Free resources to help you with advance care planning are available through The Whatcom Alliance for Health Advancement, Prepare for Your Care, in addition to many other agencies.

<http://whatcomalliance.org/end-of-life-care/>
www.prepareforyourcare.org

8. How do I make this decision?

The following chart might help you think about some of the factors that might help you make a decision about CPR. This is just a tool – there is no right or wrong answer. Your doctor or other members of your health care team might be able to answer questions about your specific situation and chances of surviving CPR.

	Disagree		Agree			Option to Consider if you strongly agree with this statement
It is important to me that I live as long as possible	1	2	3	4	5	Consider CPR
Any quality of life, even serious brain injury, would be acceptable to me	1	2	3	4	5	Consider CPR
My doctors say that my chance of surviving CPR is average or better	1	2	3	4	5	Consider CPR
My quality of life is more important to me than length of life	1	2	3	4	5	Consider No CPR
I want to avoid living with serious brain injury or in a dependent state	1	2	3	4	5	Consider No CPR
My doctors say that my chance of surviving CPR is lower than average	1	2	3	4	5	Consider No CPR

NOTES FROM DISCUSSION WITH PHYSICIAN OR HEALTH CARE PROVIDER:

LIST OTHER QUESTIONS OR CONCERNS: