

A Guide to Cardiopulmonary Resuscitation (CPR)

A 65 year-old man has advanced cancer. His first grandchild is soon to be born. He asks his healthcare team to do everything they can to keep him alive until then, including CPR.

An 84 year-old woman has Alzheimer's dementia. She is admitted to hospital for treatment of pneumonia. Based on an analysis of risks and benefits, the healthcare team does not recommend CPR.

A 54 year-old woman 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 informed choice as to whether or not you wish to receive CPR, this brochure provides some general information to guide your decision.

Why is it important to talk about CPR?

It is not always possible to know 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.

It is important to note that CPR will not improve any pre-existing health problems and persons who receive CPR may be left worse off.

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 an electrical shock(s) to try to restart the heart.

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

What are the outcomes after CPR?

CPR is successful at restarting the heart only about 10-20% of the time. CPR is most effective when: the arrest is witnessed; CPR is started right away; and the person receiving CPR is otherwise healthy. CPR is very unlikely to be successful if an individual has multiple pre-existing serious health problems.

During a respiratory or cardiac arrest, brain damage may occur 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 cause physical and mental disabilities. The person may need to be on life-support for the rest of his/her life.

Other possible side effects from CPR include: broken ribs from chest compressions; bruised or punctured lungs; and damage to the windpipe.

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How do I decide about CPR?

Talking with your doctor and healthcare team and those close to you can help you make a decision about whether to receive CPR or not.

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. CPR may do more harm than good. It may cause pain or suffering for a person who is dying.

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 without receiving 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 made 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 if I suffer a respiratory or cardiac arrest while in hospital?

Unless a No CPR decision has been agreed upon, when a respiratory or cardiac arrest occurs in 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 a critical care unit for ongoing care.

Online resources include:

CareNet - Cardio-Pulmonary Resuscitation: A Decision Aid for Patients and Their Families
http://thecarenet.ca/docs/CPRDecision_Aid_formatted_20101110.pdf