

Your decisions about cardiopulmonary resuscitation



To discuss this further your local contact name is:

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When's the right time to
**think about it, talk about it
and write it down?**

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Making your end of life preferences and decisions

Most of us don't want to think about what happens in our last years of life. Talking to the people close to you and making plans can make it easier.

This is a general information leaflet for everyone over 18; it may also be useful to your relatives, friends, carers and others who may be important to you. It may not answer all your questions about cardiopulmonary resuscitation (CPR), but it may help you to think about the issues and choices available. If you have any queries please talk to your healthcare professionals (doctors, nurses and others) caring for you.

A Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) is about cardiopulmonary resuscitation only and does not affect other treatment

What you need to know about CPR

What is CPR?

Cardiopulmonary arrest is when your heart stops beating and your breathing stops. It is sometimes possible to restart your heart and breathing with a combination of emergency treatments called cardiopulmonary resuscitation (CPR). This may include:

- repeatedly pushing down firmly on your chest
- using electric shocks to try and restart your heart
- mouth-to-mouth breathing
- Inflating your lungs using a mask over your nose and mouth or a tube inserted into your windpipe.

How could CPR help me and what are the risks?

In an emergency CPR would be attempted if there is a chance of success. If a person has a serious injury or suffers a heart attack and the heart and breathing stop suddenly the priority is to save the person's life.

However, if you are seriously ill and near the end of life, there may be no benefit to attempt resuscitation.

Some individuals make a full recovery following CPR, some recover but have long term health problems, some of which may be of a consequence of the CPR itself. Most attempts at CPR are unsuccessful despite the best efforts of all concerned. It depends on why the heart stopped and the individual's general health.

Who will decide whether I have CPR?

If you don't want CPR you can refuse and the healthcare team must follow your wishes. To ensure that your wishes are legally binding you can make an **Advanced Decision to Refuse Treatment** (ADRT). An ADRT is a statement made by a mentally competent person aged 18 and over which defines in advance their refusal of specific medical treatment should he/she becomes mentally or physically incapable of making his/her wishes known and can be recorded by a G.P.

The overall clinical responsibility for the decision about CPR rests with the most senior clinician responsible for your care. The decision should always be made following full consultation with you.

Make sure that your family or carers are aware of your preferences and decisions.

If it is decided that CPR won't be attempted, what then?

The healthcare team will continue to give you the best possible care. The healthcare professional in charge of your care will make sure that you, the healthcare team and the friends and family that you want to be involved in the decision know and understand the decision. There will be a note in your health records that you are '**not for cardiopulmonary resuscitation**' decision or '**Do Not Attempt Cardio Pulmonary Resuscitation**' decision.

What if I don't want to (or can't) discuss my decision?

What if I don't want to discuss CPR?

It is important to remember that if you don't want to discuss CPR you don't have to and you shouldn't feel rushed into making a decision.

In hospital, the clinical team in charge of your care will make a judgement and will perform CPR if they think it will be successful. Neither you nor your family can insist that CPR be tried.

Please note that if you are not in agreement with the decision a second opinion can be requested.

How is the DNA CPR decision recorded?

A Clinician will complete the Do Not Attempt CPR form which indicates why the decision was made and that you have been involved with this decision. The healthcare professional will make sure that a copy is given to you if you are to go home, or kept in your healthcare records whilst in hospital or alternative healthcare setting. Following discharge the decision should be reviewed within 7 days.

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

No, what is important is your current state of health, your current wishes and the likelihood of the healthcare

team being able to achieve a successful outcome. Your age alone does not affect the decision nor does the fact that you have a disability

What if I change my mind?

The healthcare team will review decisions about CPR regularly depending on your condition and whether or not you have changed your mind. You can change your mind at any time and talk to any of the healthcare team caring for you.

If you feel that you have not had a chance to have a proper discussion with your care team, or you are not happy with the discussion you have had you have the right to seek a second opinion. Please do not hesitate to keep asking questions until you understand all you wish to

Can my family or friends decide for me?

If you are unable to make a specific decision about whether you would wish CPR to be attempted your family friends or carers may be asked about your preferences as part of the best interest decision making process. It is important to remember that they are not allowed to decide for you.

In some cases a family member may have a lasting power of attorney which covers health and care (including healthcare and consent to medical treatment). This allows them to make

decisions to accept or refuse treatment on your behalf; however for life saving treatment you will need to be specific when appointing an attorney that you want them to have this authority.

If you do not have any family or friends and you are unable to make the decision a referral will be made to the local Independent Mental Capacity Advocacy service, for an IMCA to be appointed. In such cases, the role of the IMCA is to check that the best principle, set out in the Mental Capacity Act 2005, has been followed to ensure that your wishes and feelings have been appropriately considered and to seek a second medical opinion if necessary.

Who else can I talk to about this?

If you need to discuss this outside your family, friends or carers, to help you to decide what you want, you may find it helpful to contact;

- Your General Practitioner
- Counsellors
- Local Independent Advocacy Service
- Patient Safety Liaison Service
- Spiritual carers, such as a faith leader.

Please insert your local contacts

My questions and feelings

You can use this space to write notes