

## Appendix I. Information leaflet

### **Cardiopulmonary Resuscitation (CPR) Patient Information Leaflet—Your Questions Answered**

Cardiopulmonary resuscitation is not an easy subject to talk about, but it is important that you should know all that you can so that you can make an informed decision about the treatment you would or would not like to receive should you have a cardiac arrest. This leaflet aims to provide you with information that will help you to come to a decision about whether you would wish to be resuscitated or not. It is not a substitute for a discussion with those involved in your care but will serve as another source of information for you about resuscitation.

#### **What is Cardiopulmonary Resuscitation?**

“Cardiopulmonary Resuscitation“, “CPR” and “resuscitation” all mean the same. They are terms for the emergency treatment used to try to restart a person’s heart and breathing if these stop. This is called a “cardiopulmonary arrest” or more commonly known as a “cardiac arrest“. A cardiac arrest is a sudden event, which is not easy to predict. It can happen to anyone at any time. However some people may be at higher risk of suffering a cardiac arrest than others.

#### **Is a Cardiac Arrest the same as a heart attack?**

No, a Cardiac Arrest is different to a heart attack. A heart attack causes severe pain in the centre of the chest. The pain may last for several hours. It usually feels like a heaviness or tightness, which may spread to the arms, neck, jaw, back or stomach. There may also be sweating, faintness, nausea or shortness of breathe. A heart attack may cause the rhythm of the heart to be disturbed and thus cause a cardiac arrest.

#### **What can be done if I have a Cardiac Arrest?**

If you suffer a cardiac arrest you will need the following for any chance of survival: mouth-to-mouth resuscitation or artificial respiration (in hospital we use a mask to do this).

vigorous massage of the chest to move the blood around the body—known as chest compressions or cardiac massage.

electric shocks to the chest to start the heart.

injections into the veins to help the blood flow.

a tube into the windpipe to help breathing.

#### **What happens if I stop breathing only?**

When you stop breathing but your heart continues to beat you are said to have suffered a “respiratory arrest”. This can happen for a number of reasons such as advanced lung disease, injury to the brain and reaction to certain drugs etc. A respiratory arrest can be life threatening. The heart may stop if treatment is not started immediately.

If you suffer a respiratory arrest you will need mouth-to-mouth resuscitation or artificial respiration (in hospital we use a mask to do this).

### **Where will I be resuscitated?**

For the best possible chance of a successful outcome it is important for CPR to be started as quickly as possible. Anyone trained in CPR can attempt CPR and therefore it can be carried out by the general public, staff in nursing homes, special schools, doctors and dental surgeries etc. In hospital there are expert teams who can provide CPR using specialised equipment which will be brought to you.

### **Is resuscitation always successful?**

Resuscitation is not always successful. Unfortunately television programmes often give the impression of very high success rates. The truth is that success varies widely. Success depends on a number of factors, some of which are: the speed at which treatment is started after the person collapses and the condition of the person before collapse.

The chance of CPR being successful will depend on:

Why your heart has stopped

Any illnesses you have

Your overall health

Time before CPR is commenced

Age cannot indicate the likelihood of success. A fit eighty year old may survive and an unfit forty year old may die.

### **Do people get back to normal after CPR?**

Some people make a full recovery, but unfortunately CPR does not always start the heart and lungs.

In some cases the person may suffer complications. The type and severity of the complications vary depending on a wide range of factors. Severe complications include brain injury and less serious ones may be broken ribs or minor skin burns.

Patients who are successfully resuscitated usually need to be cared for in a high dependency unit for a while afterwards.

### **Is everyone resuscitated?**

In an emergency, for example if the heart and lungs stop working unexpectedly or you suffer a traumatic accident or heart attack, the priority will be to save your life.

Your age alone does not affect the decision to resuscitate, nor does the fact that you may have a disability.

Unfortunately resuscitation is not a treatment that will bring a successful outcome for every person and therefore is not done for everyone. Each case must be assessed individually. If you wish to discuss the likelihood of success with your medical team please ask your nurse to arrange a time for you to speak to them. You may wish to have a relative, partner or close friend with you for this discussion. Also some people with advanced disease would prefer not to have resuscitation attempted.

Do not be alarmed if your doctor speaks to you about resuscitation. It is better to have reached a decision in advance.

### **What if I am unable to make a decision at the time?**

If for example you are brought into an A&E department unconscious, the normal policy is to resuscitate you. But if you became unconscious because you have terminal disease such as cancer, other severe disease or an injury so severe that survival is unlikely, the

medical staff when in possession of the full facts may make a decision for you. This decision may be not to attempt CPR.

**Can anyone else make this decision for me?**

No, in England, Wales and Northern Ireland if you are over 18, your family and friends cannot decide for you. You can appoint someone to represent you should you become unable to speak for yourself. Your wishes can be relayed via this person. However it may be a good idea to write your wishes down before this time and tell someone where this can be found. You should also tell the medical team, which may include your GP, Consultant, Nurse etc.

This is often called a Living Will or Advanced Directive or Statement.

**What if I say I do not want resuscitation to be attempted?**

Rest assured that you would be given the best of care as normal. Just because you have decided not to be resuscitated in the event of a cardiac arrest, does not mean that you cannot have other medical treatment and of course full nursing care.

**What if I change my mind?**

You can change your mind at any time, and talk to the Doctors and Nurses caring for you. The health care team looking after you will regularly review decisions about CPR, particularly if your condition changes and if your wishes change.

**What if I want resuscitation to be attempted, but my doctor doesn't agree?**

It is always difficult to come to terms with the possibility of dying and no doctor would refuse your wish for CPR if there was any real possibility of it working successfully and returning you to health. In most cases doctors and their patients agree about treatment where there has been good communication. However the health care team will arrange for a second medical opinion for you if you would like one.

**Where will the decision not to attempt resuscitation be documented?**

The decision will be written in your medical and nursing records. This decision will be reviewed regularly and your records changed as necessary.

Where to get more information

You may wish to talk to:

- One of the Doctors in the team caring for you
- A member of the Nursing Staff
- Your GP
- Specialist Nurse
- Family/partner
- Close friend/carer
- Spiritual Leader
- Counsellor

The Resuscitation Council (UK) provides guidance for Medical Staff and Nursing Staff on resuscitation policies and procedures. East and North Hertfordshire NHS Trust has an agreed policy and guidance for staff on decisions about who not to resuscitate (April 2001).