NHS

Yorkshire and the Humber region

What happens if my heart stops?

Do not attempt cardiopulmonary resuscitation (CPR) decision making.
Information for patients, family, friends and carers.

This is a general leaflet for all patients but it may also be useful to your relatives, friends and carers.

It tries to explain:

- what cardiopulmonary resuscitation (CPR) is;
- how you will know whether it is relevant to you; and
- how decisions about CPR are made.

It may not answer all your questions about CPR, but it should help you to think about the issue. One of the doctors or nurses caring for you may discuss CPR with you and if you have any questions after reading this information, they will be able to provide answers for you.

What is CPR?

If someone's heart or breathing stops suddenly, the brain can only live for about three to four minutes before death could result. When this happens it may be possible to try to restart the heart and breathing with emergency treatment called CPR or cardiopulmonary resuscitation.

What happens in CPR?

CPR usually includes:

- 'mouth-to-mouth' breathing to get air in the lungs; and
- repeatedly pushing down very firmly on the chest to pump blood round the body, until further help arrives.

In hospital, or healthcare premises, the emergency team may then:

- use a machine to give electric shocks to try to restart the heart;
- insert a tube into the windpipe to give oxygen; and
- give drugs to help the heart and lungs work properly.

Is my heart likely to stop suddenly?

The healthcare team caring for you are the best people to discuss the likelihood of your heart or breathing stopping suddenly. People with the same illness or symptoms do not always respond to their treatment in the same way, so it is usual for professionals and patients to discuss what might happen in advance.

Is CPR tried on everybody whose heart and breathing stop?

Yes, in an emergency and if the medical decision is that there is a chance that it will work and the person has not refused CPR.

When the heart and breathing stop without warning, for example if a person has a serious injury or heart attack, the healthcare team will try to revive the patient.

Some members of the public are also trained to do CPR. The priority is to try to save the person's life. However, a person's heart and breathing also stop working as part of the natural and expected process of dying. If people are already very seriously ill and near the end of their life, there may be no benefit in trying to revive them each time their heart and breathing stop. This is particularly true when patients have other things wrong with them that mean they don't have much longer to live. In these cases, restarting their heart and breathing may do more harm than good by prolonging the pain or suffering of someone who is soon to die naturally.

Does CPR work?

The chance of CPR being successful will depend on:

- why your heart and breathing have stopped;
- any illnesses or medical problems you have (or have had in the past); and
- the overall condition of your heart and lungs.

Fewer than 2 out of 10 patients who have received CPR leave hospital alive. The figures are much lower for patients with serious underlying conditions. It is important to remember that this is a general picture. Everybody is different and the healthcare team will explain whether they think CPR will help you.

Do people get back to normal after CPR?

Each person is different. Patients with many medical problems are less likely to make a full recovery. A few patients do make a full recovery, some recover but have health problems. Unfortunately, most attempts at CPR do not restart the heart and breathing despite the best efforts of everyone concerned. It depends on why the heart and breathing stopped working and the general health of the person. It also depends on how quickly the heart and breathing can be restarted. Patients who are revived are often still very unwell and need further treatment afterwards, usually in a coronary care or intensive care unit. The techniques used to restart the heart and breathing also sometimes cause side effects, for example, bruising or broken ribs and punctured lungs. Some patients never get back the level of physical or mental health they enjoyed before the cardiopulmonary arrest. Some may end up with brain damage or go into a coma.

Who makes the decision about CPR?

The doctor in charge of your care is responsible for this decision. However, the team looking after you will look at all the medical issues, including whether CPR is likely to be able to restart your heart and breathing if they stop, and for how long. Sometimes, restarting a person's heart and breathing leaves them with a severe disability or only prolongs their suffering because of the injuries that CPR itself can cause. Prolonging life in these circumstances is not always beneficial; your doctor will discuss this with you. Your wishes are very important, and the healthcare team will want to know what you think. In most cases, doctors and their patients agree about their treatment when there has been good communication.

Does my age or the fact that I have a disability affect the decision about CPR?

No, your age does not affect the decision, nor does the fact that you may have a disability. What is important is:

- your state of health;
- the likelihood of you getting back to a life that you can enjoy; and
- your wishes.

Will someone talk to me about CPR?

Yes, if you would like them to. Your healthcare professional will usually talk to you about:

- your illness;
- what you can expect to happen; and
- what can be done to help you.

If you want, your family and close friends can be involved in these discussions. You can also ask someone who shares your religious faith to join you. If you are in a hospital or hospice, the chaplaincy service may be able to arrange for a leader of your faith to visit you to discuss this.

What if I don't want to talk about it?

You do not have to talk about CPR at all if you don't want to, or you can put a discussion off if you feel you are being asked to think about too much, too quickly. If you really do not want to talk about CPR at all the doctor in charge of your care will decide whether or not CPR should be attempted, considering your medical condition and taking into account things you may have said.

If you are under 18, your parents may be able to contribute to the decision for you or if you are 16 or 17 they may be involved in the decision making process, with you. If you and your parents disagree, help from a legal professional should be sought.

What if I am too poorly to think about CPR?

If you are not able to contribute to the decision due to your illness, the doctor in charge of your care is responsible in law for deciding on your behalf. Your family and friends are not allowed to make a decision to refuse CPR for you. If you have granted someone with a lasting power of attorney for health, it can be helpful for the healthcare team to talk to that person and to your family about your wishes. However, if there are people you do not want to be asked about your wishes, you should let the healthcare team know.

What happens if it is decided that CPR won't be attempted?

If it is your decision that you do not want CPR and if you have made an advance decision to refuse treatment, your decision should be recorded in the advance decision to refuse treatment. Further information about advance decisions to refuse treatment can be found at the end of this leaflet.

If you do not have an advance decision to refuse treatment you can still refuse CPR and the healthcare team must respect your wishes. You must inform them of your wishes so they can record it in your medical notes.

If you are in agreement with your doctor that an attempt at CPR would not be right for you then your doctor will complete a dated and signed form which will be kept at the front of your confidential health record. This is called a DNACPR form, a Do Not Attempt Cardio Pulmonary Resuscitation form.

The doctor will also make sure that other members of the healthcare team are informed and may tell your family and carers about the decision, unless you don't want this to happen.

The healthcare team will continue to give you the best possible care and other treatments will be provided where appropriate.

What if I want CPR to be attempted, but my doctor says it won't work?

Although nobody can insist on having treatment that will not work, no doctor would refuse your wish for CPR if there was any real possibility of it being successful. If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. The healthcare team will listen to your opinions and to the people close to you, if you want them to be involved in the discussion. If there is doubt whether CPR might work for you, the healthcare team can arrange a second medical opinion if you would like one.

How will I know if I have got a DNACPR form?

The signed, original DNACPR form should be kept with you in whichever place that you are receiving care. It will be stored in the front of your health record if you are in a hospital, hospice, care or nursing home. It will be kept in your hand held notes if you are under the care of a community nurse at home.

The DNACPR form will need to travel with you if you are being transferred by ambulance or if you attend different health care facilities for appointments or tests and the ambulance staff or patient transfer staff will need to look at it.

When you go home, the DNACPR form should go home with you so that any health care staff who may visit you at home know that this decision has been made.

Where a copy is made of your form for one of your healthcare services to keep, it will be clearly marked as a copy.

The original form must be seen in order for CPR not to be attempted, this is in case there has been a change in your health or to the decision.

Who should I tell about the DNACPR decision?

Your doctor may have already asked you if they can talk to your family or carers about the decision. This is an important conversation because your family or carers may be with you when you die and they will need to know what decision has been made. It can be very helpful for your family or carers to know what they need to tell the community nurses or the ambulance staff when they ring them.

Will I need an ambulance if I'm at home?

You can help your family by letting them know about your end of life care decisions and by sharing your thoughts with them if you would prefer to remain at home when you die.

When that time comes, your community nurse will support you and your family at home, if it is safe to do so. An ambulance will rarely be needed, but if one is called the ambulance crew can also support you and your family at this time.

What if a decision hasn't been made and my heart stops?

The doctor in charge of your care will make a decision about what is right for you at the time.

If you are at home or in a nursing home and an ambulance is called and a DNACPR decision has not been made or a signed form is not available to show the ambulance crew, then CPR will be attempted. The ambulance crew cannot choose not to attempt CPR even if your relatives ask them not to. They must see a valid, documented DNACPR decision in order not to attempt CPR.

What if my condition changes?

If your condition changes at any time for better or worse, the healthcare team will review any decisions about CPR and make the necessary written changes in your records. They will also be expected to discuss any changes with you.

What if I change my mind?

If you want to reconsider the decision that has been made you should ask to talk to any of the healthcare team caring for you. They will be able to review the reasons for the decision and help you to understand the options. The healthcare team can arrange a second medical opinion if you would like one.

Will this decision affect any other treatment I receive?

No, not at all.

A DNACPR decision does not influence the decisions of the healthcare professionals looking after you about any other treatments or medications they think would be right for you.

A DNACPR decision is about CPR only. You will still receive the best possible treatment for your illness even if you, or the team looking after you, have decided against CPR.

Can I talk to anyone else about this?

If you feel that you have not had the chance to have a proper discussion with the healthcare team, or you are not happy with the discussions you have had, please tell a member of the team caring for you.

If you have specific concerns or a complaint you can also ask someone to contact the PALS (Patient Advice and Liaison Service) Officer or Patient Services Team in the hospital, care trust or primary care trust.

You may wish to request spiritual advice from the hospital or hospice chaplaincy or your preferred minister. Additionally, there are patient support organisations for example, Macmillan Cancer Support or Age UK, who you can discuss this with.

If you are happy for your family or carers to have further information from your healthcare team, they can speak to a member of the team caring for you who will help them to understand the decision that has been made.

Advance Decisions to Refuse Treatment

The Mental Capacity Act confirmed that if you wish to make a formal decision to refuse CPR in advance, it will be legally binding on the healthcare team if:

- You were 18 years old or over when the decision was made
- You had the mental capacity to make such a decision
- Your decision is in writing, signed and witnessed
- Your decision states that it should apply even if your life is at risk
- You have not withdrawn or contradicted your advance decision
- You have not given someone power of attorney to make CPR decisions
- Your circumstances match those envisaged in your advance decision

If your advance decision to refuse treatment does not meet those criteria it will not be legally binding, but it will be considered when deciding what treatment is in your best interests, if you lose the mental capacity to make such decisions for yourself.

An advance decision to refuse treatment form can be obtained from the National Council of Palliative Care: *www.dyingmatters.org/page/planning-your-future-care*

This leaflet has been adapted from a model information leaflet created by:

The British Medical Association;
The Resuscitation Council (UK);
The Royal College of Nursing; and
Age Concern.

Other languages and formats

If you need the information in this leaflet to be provided in other languages or formats, please ask a member of your healthcare team for more details.

Approved by the Yorkshire and Humber DNACPR strategic group.

Publication date: November 2011
Regional review date: August 2013

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Ref MID 11101924