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**Information for patients and their carers to
help make decisions about CPR
(Cardiopulmonary Resuscitation)**



This leaflet tells you and those close to you what CPR is and how decisions about CPR are made. It may not answer all of your questions so please speak to your healthcare team about anything you do not understand.

What is CPR (Cardiopulmonary Resuscitation)?

CPR an emergency intervention that tries to restart your heart and breathing if they stop. This can be a medical emergency but for many it is a natural process at the end of life. CPR is a separate and different intervention to the treatment that you are already receiving. CPR actually starts at the point of death/dying.

CPR may include:

Repeatedly pushing down deeply into your chest.

Using a special mask or a tube to help you breathe.

Using electric currents from a defibrillator to try and restart your heart.

Using injections to try to restart your heart and circulation.

Talking about CPR

Depending on the healthcare setting and your health a GP, hospital doctor, or experienced nurse/allied health practitioner may wish to discuss your views on CPR. They will help you to reach an understanding and discuss pros, cons and success rates for your individual situation and medical condition(s).

What if I don't want to talk about CPR right now?

You don't have to talk about this topic if you don't want to. If you feel you're not ready to have a conversation about it - just say.

You may wish to discuss your views around CPR with your family, close friends or carers. They will help you reach an understanding you are comfortable with.

Although this may be difficult, please discuss CPR with your healthcare team as soon as you feel able to. This will make certain that your healthcare team fully understand your wishes.

***If you are ready to think about CPR please read on.
Otherwise please keep this leaflet safe so that you
can read it when you are ready***

Who decides about CPR?

You and your healthcare team can discuss if you would be likely to benefit from CPR. They will want to know what you think. Your wishes are very important in making this decision. Unless there are exceptional clinical reasons they will discuss this with you and the DNACPR form will be kept with your health records.

If you want to, you can talk to the healthcare team looking after you about CPR. Together you can talk about:

- Your wishes and beliefs.
- Your current health.
- Whether CPR is likely to restart your breathing and heart, and for how long.
- Also whether CPR will help you live longer in a way you can enjoy.
- And what effect CPR might have on your future health and the way you enjoy life

If you and the team decide that you should not have future CPR, then the decision is documented in your notes and electronic records on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form) and/or an Advance & future care plan that describes your preferences.

Will CPR work for me?

CPR rarely works and will depend on:

Why your heart and breathing has stopped in the first place

What illnesses or serious medical problems you have (or have had in the past)

Your general health

Does everyone get back to normal after CPR?

Sadly most people do not survive after a cardiac arrest & it does not work in natural and ordinary dying. Those with complex medical problems are much less likely to make a full recovery.

It is important that you know that:

The few patients who do survive CPR are often critically unwell after CPR and may need more treatment in a coronary care or intensive care unit.

- Most patients do not return to the physical or mental health they had before they needed CPR. Some may need a lot of rehabilitation.
- Unfortunately many patients go into a coma from which they might not recover or suffer from brain damage, and may require 24-hour support in a care home setting.

Is CPR tried on everyone whose heart and breathing stop?

If you are seriously ill & near the end of life, there will likely be no success in trying to resuscitate you as the heart and breathing will stop as a natural part of dying. In these cases, it is more important to keep you pain-free, comfortable & supported. CPR may offer false hope and do more harm than good by not allowing you to die a peaceful, natural anticipated and accepted death. CPR is a violent procedure that often over-medicalises the final moments of a person's life.

If your heart and breathing stops unexpectedly, for example if you have a serious event and your heart stops, **unless you and your healthcare team have put a DNACPR decision in place, the healthcare team will try CPR** if they think there is a chance of bringing you back to life.

If your breathing and heart stop before a decision on CPR has been reached, the healthcare professionals looking after you will decide whether to try CPR. They will take into account your general health, things you may have already discussed with them, the views of those closest to you and also how likely it is that CPR will succeed.

Who makes the decisions if I can't?

If you are unable to understand the information you are given about CPR and cannot be involved in conversations yourself, someone else may be able to be involved for you, often a relative or someone close to you.

Otherwise, for patients unable to be consulted because of illness or a learning disability, a person (a legal proxy) can be appointed to be involved in discussions on your behalf to help represent your views. A formal legal proxy can be:

- Someone you appointed as your Lasting Power of Attorney (LPA) for Health and Welfare **or**
- Someone a court has appointed to be your welfare guardian, **or**
- Someone a court has appointed by an intervention order to make a one-off decision (about CPR).

The clinician will always talk through the decision with the legal proxy if this is possible.

- Although your family and those close to you are not expected to decide for you, unless they have been given this authority in the form of an LPA, your healthcare team will attempt to talk to them to understand your wishes, values, and beliefs.
- If there are people you do, or do not want to be asked about your care, you should let your healthcare team know as soon as possible.

What should I do if I know that I don't want CPR?

- If you don't want anyone to try CPR, tell your healthcare team. They must follow your wishes and help you document them.
- Consider telling those close to you your wishes, so they can tell your healthcare team what you want if they are asked.
- You can make an advance decision or 'Advance Decision to Refuse Treatment' (ADRT) putting your wishes /refusals in writing. If you have an Advance Decision, **please make sure your healthcare team know about it so that they place a copy of it in your health records. See www.wales.nhs.uk/AFCP**

If you change your mind you should tell the clinical team as soon as possible.

What if I want CPR, but my clinician says it won't work ?

When you discuss CPR your clinician may say that CPR would not work for you.

- No clinician will refuse your wish for CPR *if* there is a fair chance that it can be effective.
- If your healthcare team feel CPR will not work for you, you can ask them to arrange a second medical opinion if you would like one.
- If it is thought that CPR is likely to leave you severely ill, brain damaged or disabled, your opinion about whether these chances are worth taking is very important. Your healthcare team must listen to your opinions and to anybody you want to involve in the discussion.
- You and those closest to you should be aware that there is no legal right to demand any treatment, especially one that will not work or cause severe harm.

When a decision not to try CPR has been made

If you have decided you do not wish CPR to be tried, or if your clinician is sure CPR will not work, this will be written on a form called 'Do Not Attempt Cardiopulmonary Resuscitation', a DNACPR form. This will be kept with your health records including electronic patient records.

This decision is about CPR **only**. You will get any other treatment that you need, to keep you as well and comfortable as possible.

Your healthcare team will continue to give you the best care and treatment according to your individual needs.

What if I am at home?

Many patients who are dying, choose to die at home. Even if people close to you know that you do not wish CPR to be tried, they may feel the need to call an ambulance if they become worried about you.

If the ambulance crew or health professionals are informed you have a DNACPR form at home, they must respect your wishes. They will make you as comfortable as possible and arrange care. They will not try CPR, ***unless they feel it is necessary for another, reversible reason, not specified on the DNACPR form.***

What happens if I am discharged from hospital?

To help ensure that other health professionals know your wishes:

- The hospital team will inform the ambulance crew of your wishes
- Your healthcare team will give you a copy of the DNACPR form to take home.
- Please tell people close to you where you keep your DNACPR form should you need to be seen by clinical teams urgently in the future. Message in a green-top bottle in fridge scheme is available in Wales. See <https://blogs.bmj.com/spcare/2023/05/24/nhs-wales-message-in-a-bottle-scheme/>

If my situation changes or I change my mind?

If your health situation changes your healthcare team will review the decision about CPR. You can also request a review if you change your mind about your decision. Feel free to discuss your views with the clinicians looking after you.

Can I see what's written about CPR?

You have a legal right to see and have copies of your records.

You can see what's written about CPR in your health record. Your healthcare team will have noted what you have said about CPR, and will record any decisions made along with you, in your health records. Your healthcare team should explain any words you don't understand.

Who else can I talk to about this?

- Any member of staff involved in your care,
- Those close to you,
- Patient support organisations – for example Macmillan Cancer Support www.macmillan.org.uk or Age UK www.ageuk.org.uk/cymru
- The hospital chaplain,
- Your own spiritual adviser,
- Independent advocacy services. An advocacy service can help you express your views or make your own decisions, or can speak on your behalf.
- British Humanist Association <https://humanists.uk/>

How can I find out more about CPR/DNACPR?

For more information about anything in this leaflet, please contact:

- A member of NHS staff involved in your care
- The NHS Wales TalkCPR site www.talkcpr.wales has further information for patients
- The All Wales DNACPR policy & resources can be found here: www.wales.nhs.uk/DNACPR
- NHS Wales Future Care Planning resources including information on 'Advance Decisions': www.wales.nhs.uk/AFCP www.advancecareplan.org.uk
- Your local citizens advice bureau (find your nearest bureau online at <http://www.adviceguide.org.uk/wales.htm> or in your local phone book).

For more information about advocacy and lasting power of attorney:

Older Peoples' Commissioner for Wales: <https://olderpeople.wales/resource/an-easy-guide-to-lasting-powers-of-attorney/>

For more information about legal proxies contact:

The Office of the Public Guardian (England and Wales)

Phone: 0300 456 0300

Website: <https://www.gov.uk/government/organisations/office-of-the-public-guardian>

For more information about making a complaint, you can get a copy of the leaflet ***Putting Things Right: Raising a Concern about the NHS*** from:

- Someone in your healthcare team
- <https://www.gov.wales/nhs-wales-complaints-and-concerns-putting-things-right>

Optional: *The below section can be signed by patients/proxy & then scanned/copied into healthcare record:*

.....
I confirm that I have received this All Wales patient/carer information leaflet & information regarding CPR & DNACPR, and am signing as a patient / carer. I give permission for the content of any conversations about this topic to be recorded and shared on the patient record, incl. electronic records.

.....
Optional signature of patient or their nominated proxy

.....
Printed Name (and relationship to patient, if not the patient)

.....
Date

