

**INFORMATION FOR PATIENTS,
CARERS AND FAMILIES**

Frequently asked
questions about
cardio-pulmonary
resuscitation (CPR)



This leaflet gives St Christopher's patients information about the cardiopulmonary resuscitation (CPR) policy. You and people close to you may find it helpful to go through this leaflet with a doctor or nurse in case you have any further questions or concerns.

1 What is CPR?

CPR is an emergency treatment which tries to restart a person's heart or breathing when these suddenly stop ('cardiac and/or respiratory arrest'). CPR does NOT refer to other treatments such as antibiotics or 'drips' which are treated separately.

CPR can include:

- 'Mouth-to-mouth' or 'mask-to-mouth' breathing
- Pushing down firmly on the chest repeatedly ('chest compressions')
- **In hospitals** a tube may be put in the windpipe and a bag or a machine is used to pump oxygen into the lungs
- Special machines known as defibrillators may also be used to deliver electric shocks to the heart – **only certain types of cardiac arrest respond to defibrillators.**

2 What facilities for CPR are available at St Christopher's?

At St Christopher's we do not have defibrillators and breathing machines because they are very unlikely to help our patients. Our staff are trained in chest compressions (and 'mask-to-mouth' if appropriate) to cover the very rare situations when patients might benefit from an attempt at CPR. In this situation a '999' ambulance will also be called.

Sudden stoppage of the heart and breathing requiring CPR is very unusual in hospice patients: more commonly the person becomes sleepier and the heart and breathing slow down gradually over a period of hours or days.

3 How successful is CPR?

Sometimes the media present CPR as being very successful.

CPR usually only works in certain situations: people who were previously well and who have specific types of cardiac arrest are much more likely to respond to treatment.

Only one in eight people (with all kinds of illness) who receive CPR in a hospital with all the available facilities will recover enough to leave hospital.¹

In people with very serious, advanced illnesses (for example advanced cancer or severe heart or lung disease) only about one person in a hundred who receives CPR will recover enough to leave hospital.²

¹ Ebell MH, Becker LA, Barry HC, Hagen M. Survival after In-Hospital Cardiopulmonary Resuscitation: Meta-Analysis. *J Gen Intern Med* 1998; 13: 805-816

² Tunstall-Pedoe H. et al. Survey of 3675 Cardiopulmonary Resuscitations in British Hospitals (the Bresus study). *BMJ* 1992; 304: 1347-1351

4 Are there side effects or complications after CPR?

CPR can sometimes cause broken ribs and internal bleeding. Even if people survive after CPR, they may be left with additional medical complications such as brain damage.

5 Who is responsible for the decision?

The ultimate responsibility for the decision usually rests with the senior doctor caring for you.

At home this will usually be your GP. In the hospice ward, this will usually be the consultant responsible for your care, but occasionally it may be a senior nurse.

The medical and nursing team will always consider whether CPR is appropriate for people under the care of St Christopher's. Decisions are reviewed by the clinical team looking after you. Our aim is to emphasise your comfort and provide you with dignity at all stages of life.

6 Will CPR be discussed with me?

If you do not have a current, valid Not for Resuscitation form, we will discuss your views about CPR with you, unless it appears that to do so would be harmful. The doctor in charge of your care will tell you if they think you may benefit from it.

Should you require inpatient care and CPR is particularly relevant to your needs, or you are concerned to have full CPR facilities available, it may on rare occasions be more appropriate for you to be cared for in hospital rather than at St Christopher's.

7 How are decisions recorded?

Patients will have a CPR decision recorded in their medical notes on admission to St Christopher's.

8 What happens if I am unhappy with the decision?

We recognise that these situations are potentially very stressful for you and those close to you. You have a right to a second opinion if you are unhappy with a CPR decision.

9 I've heard of people who are 'not for resuscitation' who are just abandoned and not given any treatment at all. Will this happen to me?

Definitely not. Our emphasis at all times will be on ensuring your comfort and dignity. And if we feel that antibiotics or 'drips' may help you, we will discuss these with you in the usual way.

10 Recording your wishes

Some people decide to record their wishes to refuse certain treatments in an 'Advance Statement.' If you wish to decline CPR in such a statement you will need to sign it and have your signature witnessed. Your doctor or nurse will be happy to discuss making an 'Advance Statement' with you.

It is really important for your care that the information you give us is as full and accurate as possible.



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