

StChristopher's
More than just a hospice

Frequently asked
questions about
cardiopulmonary
resuscitation (CPR)

**INFORMATION FOR PATIENTS,
CARERS AND FAMILIES**

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.

What is CPR (cardiopulmonary resuscitation)?

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.**

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.

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 five or six 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 www.resus.org.uk/dnacpr/decisions-relating-to-cpr

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

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.

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. Like any medical treatment, CPR will not be attempted if it won't work or if the harms are greater than the benefits. 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.

Will CPR be discussed with me?

If you do not have a current, valid Do Not Attempt CPR (DNACPR) 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.

If I am too ill to discuss CPR can my family or friends decide for me?

It's the doctor's legal responsibility to decide finally what will be best for you medically if you were too sick to make your own decisions. However:

- If possible, the team will ask your family and/or close friends if they know about treatments, including CPR, that you would not want
- If there is a valid Lasting Power of Attorney for health, the person acting for you will be consulted but it is important to know that they cannot insist on CPR being tried if it will not work.

If there are particular people who you do (or do not) want to be consulted, let your doctor or nurse know.

What if I don't feel ready to talk about CPR?

You don't have to talk about CPR. If you want family or friends involved in conversations, remember that they can say what they think you would prefer, but cannot decide for you or insist on CPR being tried.

If there is no CPR decision recorded and my heart and breathing stop, what will happen?

In the hospice, the clinical team in charge of your care will make a judgement at the time and will perform CPR if they think it will be successful. They will not attempt CPR if it will not work. The final decision rests with a senior doctor or nurse.

If you are at home and an ambulance is called, the paramedics will attempt to restart your heart and breathing unless there is a Do Not Attempt CPR (DNACPR) form or it is clear that it will not work. They may consult a senior doctor for advice.

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.

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.

How are decisions recorded?

CPR decisions are recorded on the electronic notes. With your consent, decisions can also be shared with other professionals via the Coordinate My Care record: this can be accessed by out of hours services and London Ambulance Service.

If CPR will not work when your heart and breathing stops, a paper form called a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order is used to alert hospice staff, ambulance crews and other professionals in an emergency. A doctor or nurse signs this. Once the form has been discussed and agreed with you and/or your family, we recommend that you keep it safe and carry it with you if you are admitted to hospital or hospice.

You may wish to refuse CPR in advance even if it may benefit you: this usually needs to be recorded in an Advance Decision to Refuse Treatment which you will need to sign and have your signature witnessed.

This leaflet has been prepared in accordance with:

- the 2016 joint guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing:
www.resus.org.uk/dnacpr/decisions-relating-to-cpr
- and the Mental Capacity Act (2005):
www.legislation.gov.uk/ukpga/2005/9/contents

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

If you would like this information in a different format, such as audio tape, braille or large print, or in another language, please speak to the Communications Team on **020 8768 4500** or email **communications@stchristophers.org.uk**.

St Christopher's Hospice is a charity and our continued work is only made possible by your generous donations. Please consider making a one-off donation or becoming a regular donor. To find out more about how you can help, please visit **stchristophers.org.uk/donate**.

StChristopher's

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