

CPR: A GUIDE FOR PATIENTS AND THEIR FAMILIES

If your breathing or heartbeat stops and no one performs CPR, your breathing and heartbeat will probably not start again. In other words, no attempt will be made to bring you back from your natural death.

CPR SURVIVAL RATES:

- Fewer than 15% of patients who have CPR while in the hospital's intensive care unit survive and are able to function as they used to.
- Studies report that CPR is successful in only 5-10% of patients whose heart or lungs stop working outside the hospital and who receive CPR before entering the hospital.
- Only 1-5% of long-term care patients receiving CPR survive CPR because such patients usually have health problems affecting many organs of the body.

WHAT ARE THE RISKS OF CPR?

Chest compressions during CPR can cause a sore chest, broken ribs, or a collapsed lung. If CPR is successful, you will probably need to be cared for in the intensive care unit (ICU) for a period of time. In the ICU you will likely need a breathing machine to help you breathe and pain medication to keep you comfortable. Even if your breathing and/or heartbeat are restored by CPR, you might still have some brain damage or lapse into a coma caused by the lack of oxygen to your brain during the time your heart was stopped or

you weren't breathing. In short, CPR may only prolong your dying process.

THE ROLE OF YOUR DOCTOR

Depending on your condition, your doctor may expect the use of CPR to be ineffective. Under those circumstances, you, your family and your doctor should discuss appropriate treatment options, whenever possible. This conversation will allow your doctor to explain why CPR would not be useful and what will be done for you. A decision not to have CPR still permits you to receive proper medical care and other treatments. If you or your family disagree with your doctor's medical opinion that CPR would be ineffective, further discussion and, if possible, transfer of your care may occur.

IS CPR RIGHT FOR ME?

Your individual medical problems and overall health, life goals, and beliefs about life support are all important considerations in determining whether CPR is appropriate. You should discuss your expectations, wishes, and concerns about CPR with your doctor and family members.

HOW DO I TELL MY LOVED ONES AND HEALTH CARE PROVIDERS MY DESIRES ABOUT CPR?

California law allows you to complete documents expressing your wishes: an "Advance Health Care Directive" or a "Pre-Hospital Do Not Resuscitate (DNR) Form". For more information about these forms, see www.cmanet.org.



A Guide to Cardiopulmonary Resuscitation for Patients and Their Families



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PLEASE NOTE: *This educational brochure is designed to help you identify questions and make decisions about Cardiopulmonary Resuscitation (CPR) for yourself or your loved one. The brochure is not intended as a substitute for talking with your doctor. Before making any decisions, you should have a discussion with your health care professional.*

TWO STORIES

Sam, age 7, has a heart defect that could shorten his life. He has had two surgeries and is in the hospital recovering from the second surgery. His parents have been asked to decide whether their son should be given CPR if his heart stops. They have several questions.

Helen, aged 82, has just been transferred from the hospital to a center for long-term care. As they looked through the hospital admission paperwork, Helen and her family discovered that one of the forms concerned Helen's wishes about CPR in the event that she stopped breathing or her heart stopped beating. Helen and family were puzzled – they had assumed from watching television that CPR was always appropriate. But Helen and her family realized that they knew very little about CPR or even what questions to ask Helen's doctor about CPR.

If you were faced with a similar decision about CPR, what would you do?

WHY IS A DISCUSSION ABOUT CPR IMPORTANT?

Helen's and Sam's stories are situations frequently faced by patients and their families. Discussions about CPR are typically difficult and uncomfortable for patients, families, and doctors. The information presented in this brochure is not patient-specific, but the issues described may be common to many patients and their families facing a decision about CPR. Your decision about CPR should be made as part of a comprehensive plan of care agreed upon by you and your doctor. This brochure provides basic information to patients, their families, and doctors concerning CPR and is intended as a starting point for discussion about CPR.

WHAT IS CPR?

Cardiopulmonary resuscitation (CPR) is the combination of measures performed to get oxygen into your body and maintain blood circulation to your brain and heart in the event that you stop breathing and/or your heart stops beating (cardiac arrest). These measures include mouth-to-mouth resuscitation and chest compression.

During CPR, your chest is forcefully pressed in order to pump blood from your heart into the rest of your body. An electric shock (defibrillation) may be used in an attempt to restore your normal heart rhythm. A tube may be put through your mouth or nose into your lungs in order to force air into and out of them. You may also be injected with drugs in an attempt to help restore normal heart rhythm and blood pressure.

CPR has become customary and is performed upon any person whose heart or lungs have stopped working. Unless you inform your doctor that you do not want CPR, or health care providers determine that CPR under the circumstances would be ineffective, CPR will be performed on you if you stop breathing or your heart stops beating. Because CPR is routinely performed, it is important to know the facts about CPR.

HOW EFFECTIVE IS CPR?

CPR will not cure your underlying disease but *may* restore your heartbeat or breathing. The effectiveness of CPR depends on your previous health, the cause of your cardiac arrest, and how soon CPR is performed after your heart or breathing stopped. CPR may prolong life if you are young or have a good health status. CPR may also be beneficial if it is performed within 5 to 10 minutes of when your heart or breathing stopped. CPR is most successful when the cause of your cardiac arrest is an irregular heartbeat that is quickly corrected.

CPR is not likely to benefit you if you have an advanced life-threatening illness. Cardiac arrest is usually the final step in your body's natural process of aging leading to death. If you have more than one illness you probably will not survive CPR. Very few patients with advanced cancer survive CPR and live long enough to leave the hospital. Many of those who do survive get weaker or have brain damage, and some may need a breathing machine for the rest of their lives.