

## What happens if I am unhappy with the CPR decision?

We recognise that discussing CPR can be difficult and distressing.

You have the right to a second opinion if you're unhappy with a CPR decision.

## Other leaflets that we produce that you might find helpful:

- Advance decision to refuse treatment
- Advance care plan



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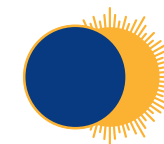
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# Cardiopulmonary Resuscitation (CPR)

Information for patients,  
residents and their families



Royal Hospital for  
Neuro-disability

This leaflet gives you information about cardiopulmonary resuscitation (CPR) for patients and residents at the Royal Hospital for Neuro-disability (RHN).

You, or those close to you, may find it helpful to go through this leaflet with a consultant or nurse, who'll be able to answer any questions or concerns you might have.

### What is CPR?

CPR is an emergency treatment used to try to restart a heart or breathing if they suddenly stop from a cardiac or respiratory arrest. CPR does not refer to other treatments, such as antibiotics and artificial fluids. Decisions about these treatments are considered separately and are not influenced by a CPR decision. CPR includes:

- Mouth to mouth, or mask to mouth, breathing
- Chest compressions

In certain situations a machine, known as a defibrillator, can be used to deliver an electric shock in an attempt to restart the heart. Only certain types of cardiac arrest benefit from this treatment. It is rarely helpful for people who have an advanced terminal disease.

Sudden stopping of the heart or breathing that requires CPR is very unusual for patients at the end of their lives. More commonly, the heart and breathing gradually slow down over a period of hours or days and the person becomes sleepier.

### What facilities are available for CPR?

Staff working at the RHN are trained to deliver CPR.

If a decision is made that CPR may be helpful this will be performed while waiting for an emergency ambulance to take the person to hospital for further treatment.

We would also do this, if appropriate, in the event of any acute, rapid deterioration that may precede an arrest.

### How successful is CPR?

CPR is most effective in people who were previously well and have the type of cardiac arrest that may respond to an electric shock.

Only one in eight people (with all kinds of illness) who receive CPR in a hospital, with all available facilities, will recover enough to leave the hospital.  
Ref: [Ebell et al \(1998\) Survival after Hospital CPR. J General Medicine, 13:805-16](#)

Only one in 100 people with advanced illness, such as cancer or severe heart failure, who receive CPR in a hospital, will recover enough to leave the hospital.  
Ref: [Tunstall-Pedoe H et al \(1992\) Cardiopulmonary resuscitation in British Hospitals. British Medical J. 304: 1347-51.](#)

### What are the side effects or complications after CPR?

CPR can sometimes cause broken ribs or internal bleeding.

If people survive CPR they may be left with damage to the brain caused by lack of oxygen (anoxic brain injury).

### Who is responsible for the decision?

At the RHN it is the medical consultant or GP caring for you who has ultimate responsibility.

The decision will be discussed with the multidisciplinary team looking after you.

You, or those close to you, (or the person you have nominated to be responsible to make health decisions on your behalf), can, if you wish, be involved in the discussions.

All decisions about CPR are made on an individual basis and are regularly reviewed. As with all treatment offered, if the team think that CPR may help you, the benefits and disadvantages will be discussed with you.

You are entitled to decline CPR.