

What if I choose No CPR? This is often referred to as DNR (Do Not Resuscitate)

If someone decides not to have CPR attempted when the heart stops beating, the natural process of death will occur. Initially the person becomes unconscious within a few seconds because there is not enough blood going to the brain. In most cases this happens very quickly and the person is not aware of what is happening and does not experience pain.

Your decision to NOT have CPR will NOT change your other care

If other treatments such as antibiotics, intravenous fluids, or other medical treatments are needed, they will still be offered. They will need to be discussed separately from your CPR decision. Some patients who are seriously ill may decide they want to continue with medical treatments to manage their disease. By contrast others may want to attempt heroic treatments such as those provided in an intensive care unit. And still others may choose to optimize quality of living and comfort care.

What will happen if my heart stops and no one knows my CPR decision?

CPR will be performed, unless your SDM(s) are right there and know your wishes. If your wishes are not known, they will make a decision based on your values and beliefs.

What will happen if I am not capable of making a decision about CPR?

Your SDM will make a decision for you based on your wishes, values, and beliefs.

What does it mean to be capable?

It means you are able to **BOTH**:

1. Understand the information you are given about the decision to be made.
 - Why a treatment is being recommended, the risks and benefits of saying Yes or No, and if there are other options; **AND**
2. Appreciate the reasonably foreseeable consequences of saying Yes or No to the treatment.
 - How it might help or harm you, and what will likely happen if you have it (or decide not to have it).

To learn more about SDMs see [My Substitute Decision-Maker](#) ETHEL pamphlet.

Making a CPR treatment decision

Like all other medical treatments CPR requires consent from a capable person, unless it's an emergency (see [What does capable mean?](#)).

If you decide that you do not want CPR in the future, you may choose to complete a DNR confirmation form with your nurse or doctor.

If you prefer not to make a choice today, it is still important to have the discussion.

Let your SDM(s) know what you are thinking in case they have to make the decision for you.

Either you or your SDM have the right to accept or refuse CPR when it is offered.

CPR treatment considerations:

If your doctor has not brought it up, please think about asking your doctor to talk with you about CPR.

Discuss your health status and any conditions you may have with your doctor.

Learn about CPR as a treatment decision.

Consider what is important to you. What would influence your decision about CPR? (E.g. values, quality of life, current health status.)

Talk with those closest to you if that will help you make a decision about CPR.

Ensure that your informed decision about CPR is recorded in your health record. **Make sure your SDM(s) are aware of your decision about CPR.**

Developed by the East Toronto Health Link Advance Care Planning Working Group January 2014. (Adapted from CARENET <http://www.thecarenet.ca/> and ETHEL Advance Care Planning Workbook, 2014.)



Cardiopulmonary Resuscitation (CPR)

A healthcare decision aid for patients and their substitute decision-makers (SDMs)

What this Pamphlet is about...

This pamphlet brings you important information about cardiopulmonary resuscitation (CPR).

Cardio means heart, **Pulmonary** means lungs, and **Resuscitation** means to try to restart a person's heart and breathing when they have stopped.

CPR is a type of medical treatment. This pamphlet will give you information about making a treatment decision about CPR and the process of giving consent.

Read it, ask questions, and gather other information before making a treatment decision about CPR.

What is cardiopulmonary resuscitation (CPR)?

CPR is a term used to describe the medical treatment used to try and restart a person's heart after it has stopped beating. CPR was first developed to restart the heart after a sudden and unexpected heart attack. Later it was used in all situations where someone's heart stopped. In many of these situations it was not successful. With experience, we have a better understanding of whom this treatment might benefit.

Why would someone need CPR?

The heart and breathing may stop for either unexpected or expected reasons. If the heart is not restarted and the breathing supported, the natural process of death will occur.

Unexpected events mean incidents involving healthy people with no history of serious illness: e.g. a near-drowning or an injury in a car accident. It also includes people with reversible illnesses such as a heart or asthma attack. In these situations, CPR may be life-saving.

Expected situations occur in people with chronic illness such as advanced heart, lung, liver or kidney disease, cancer or dementia. They can also happen in people with complications from diabetes, stroke, or severe infections. In these situations, if CPR is successful, it will not improve the person's underlying medical condition.

What happens in CPR?

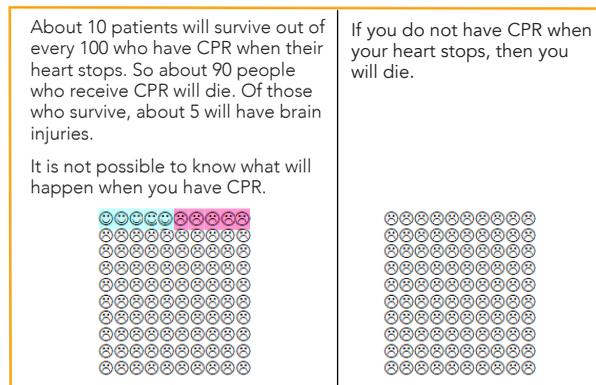
A person or team trained in CPR may:

- Press down on the chest (breastbone) to pump blood through the heart and body.
- Pass a tube through the mouth into the lungs to get oxygen to the brain
- Give powerful drugs to try to restart the heart.
- Use electric shock to the heart muscle to try to restart the heart.

How well does CPR work?

How well CPR works depends on the physical and medical condition of the person before the heart and/or breathing stopped. CPR and resuscitation may, at best, bring a healthy person back to his or her state before the heart stopped.

This chart shows that for people with medical conditions, only a few of them who have CPR will fully return to their former state of health. Many will have problems with their memory and need help looking after themselves.



1. Sehatzadeh. Cardiopulmonary resuscitation in patients with terminal illness: an evidence-based analysis. Ont Health Technol Assess Ser [Internet]. 2014 December;14(15):1-38. Available from: <http://www.hqontario.ca/evidence/publications-and-ohatacrecommendations/ontario-health-technology-assessment-series/eol-cpr-terminal-illness>

2. Ehlenbach et al. Epidemiologic Study of In-Hospital Cardiopulmonary Resuscitation in the Elderly. N Engl J Med 2009;361:22-31.

3. Moolaert VR, Verbunt JA, van Heugten CM, Wade DT. Cognitive impairments in survivors of out-of-hospital cardiac arrest: a systematic review. Resuscitation. 2009; 80:297-305.

Are there side effects from CPR?

YES Possible side effects may be:

- Bruised or punctured lungs from pushing on the chest.

- Broken breastbone and ribs from pushing down hard on the chest during CPR. This is particularly common in people who have brittle bones or osteoporosis.
- Some may experience pain after CPR.
- Impaired mental function may occur because the brain has not received enough oxygen during the time that the healthcare team was trying to restart the heart.
- A stroke could occur, which may leave the person paralyzed or with speech problems. Memory, language, and personality problems can occur because of lack of oxygen to the brain before or during CPR.

These mental impairments may mean that a person can no longer live at home or they may require care from family and caregivers. Severe forms of mental disabilities are seen in 25-50% of CPR survivors.

Why would someone want CPR?

For some people, the slimmiest chance to go on living is worth it.

While CPR can be successful when a person has an unexpected heart attack or the heart stops in an otherwise healthy person, there are no guarantees that CPR will be successful once attempted.