

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions

Information for patients, relatives and carers

Macclesfield District General Hospital

**Resuscitation Officer
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@EastCheshireNHS

This leaflet explains:

- What cardiopulmonary resuscitation (CPR) is
- How you will know whether it is relevant to you
- How decisions about it are made

This is a general information leaflet for everyone over 18 but it may also be useful to your relatives, friends, carers and others who are important to you.

This leaflet may not answer all your questions about CPR, but it should help you to think about the issue and the choices available.

If you have any other questions, please talk to one of the healthcare professionals (doctors, nurses and others) caring for you.

A (DNACPR) decision is about cardiopulmonary resuscitation only and does not affect other treatment.

What is CPR?

Cardiopulmonary arrest means that a person's heart and breathing stop. When this happens it is sometimes possible to restart their heart and breathing with an emergency treatment called CPR.

CPR might include:

- repeatedly pushing down very firmly on the chest;
- 'mouth-to-mouth' breathing;
- inflating the lungs through a mask over the nose and mouth or tube inserted into the windpipe; and
- if required, using electric shocks to try to restart the heart.

Is CPR tried on everybody whose heart and breathing stop?

In an emergency, yes, if it is felt there is a chance it will work. For example, if a person has a serious injury or suffers a heart attack and the heart and breathing stop suddenly. The priority is to try to save the person's life.

However, if people are already very seriously ill and near the end of their life, there may be no benefit in trying to revive them. This is particularly true when people have other things wrong with them.

Where a person has expressed his / her wishes not to have CPR this must be in writing in order to be legally binding. The information in this leaflet has been written to help you to decide whether or not you want to make this decision.

Do people get back to normal after CPR?

Each person is different. A few people will make a full recovery; some recover but have health problems. Unfortunately, most attempts at CPR do not restart the heart and breathing despite the best efforts of all concerned. It depends on why their heart and breathing stopped and the person's general health. It also depends on how quickly their heart and breathing can be restarted.

People who are revived are often still very unwell and need more treatment, usually in a coronary care or intensive care unit. Some people never get back to the level of physical or mental health they enjoyed before the cardiopulmonary arrest. Some have brain damage or go into a coma.

People with many medical problems are less likely to make a full recovery. The techniques used to start the heart and breathing sometimes cause side effects, for example, bruising, fractured ribs and punctured lungs.

Am I likely to have a cardiopulmonary arrest?

This depends on your medical condition. The health professionals caring for you are the best people to discuss the likelihood of you having a cardiopulmonary arrest. People with the same symptoms do not necessarily have the same disease and people respond to illnesses differently.

It is normal for health professionals and patients to plan what will happen in case of a cardiopulmonary arrest.

Somebody from the health care team caring for you will talk to you about:

- your illness;
- what you can expect to happen; and
- what can be done to help you.

What is the chance of CPR reviving me if I have a cardiopulmonary arrest?

The chance of CPR reviving you will depend on:

- why your heart and breathing have stopped;
- any illnesses or medical problems you have (or have had in the past); and
- the overall condition of your health.

When CPR is attempted in hospital it is successful in restarting the heart and breathing in about 4 out of 10 patients. On average, 2 out of 10 patients survive long enough to leave hospital. The figures are much lower for people with serious underlying conditions or for those not in hospitals. Everybody is different and the healthcare team will explain what CPR may do for you.

Does it matter how old I am or that I have a disability?

No, what is important is, your current state of health, your current wishes and the likelihood of the healthcare team being able to achieve what you want. Your age alone does not affect the decision, nor does the fact that you have a disability.

Will I be asked whether I want to discuss CPR?

Yes, the healthcare professional in charge of your care will discuss with you whether CPR should be attempted if your heart and breathing stop. The healthcare team looking after you will look at all the medical issues, including whether CPR is likely to be able to restart your heart and breathing if they stop, and for how long. It is beneficial to attempt resuscitation if it might prolong your life in a way that you can enjoy.

Sometimes, however, restarting a person's heart and breathing leaves them with a severe disability or prolongs suffering. Prolonging life in these circumstances is not always beneficial. Your wishes are very important in deciding whether resuscitation may benefit you, and the healthcare team will want to know what you think. If you want, your close friends and family can be involved in these discussions.

Legally, your family and friends are not allowed to decide or consent on your behalf, so you should inform your family and friends of your wishes. For more information on The Mental Capacity Act please refer to:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

If you have appointed a person with Personal Welfare Attorney (PWA) then they may be able to refuse treatment on your behalf in certain situations if you lack capacity.

If it is decided that CPR won't be attempted, what then?

The healthcare team will continue to give you the best possible care. The healthcare professional in charge of your care will make sure that you, the healthcare team, and the friends and family that you want involved in the decision know and understand the decision.

It will be documented in your medical records that you are 'not for cardiopulmonary resuscitation'. This is called a 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision.

The DNACPR decision will be recorded on a specific form, called a DNACPR form (also known as a lilac form) which makes it easy for the healthcare professionals to recognise.

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During an episode of admission to hospital the DNACPR form will be placed inside your medical records to ensure that it is readily available for the healthcare team to see.

When you are transferred, for example from hospital to home, to a nursing home or hospice, or from one hospital ward to another, the original signed and dated DNACPR form should travel with you.

What if I don't want to discuss CPR?

You don't have to talk about CPR if you don't want to, or you can put discussion off if you feel you are being asked to decide too much too quickly. Your family, close friends, carers or those who you feel know you best might be able to help you make a decision you are comfortable with. Otherwise, the doctor in charge of your care will decide whether or not CPR should be attempted, taking account of things you have said.

What if a decision hasn't been made and I have a cardiopulmonary arrest?

The doctor in charge of your care will make a decision about what is right for you. Your family and friends are not allowed to decide for you, unless you have appointed them as a personal welfare attorney and provided them with appropriate authority. Nevertheless, it can be helpful for the healthcare team to talk to them about your wishes. If there are people you do (or do not) want to be consulted you should let your care team know.

I know that I don't want anyone to try to resuscitate me. How can I make sure they don't?

If you don't want CPR, you can refuse it and the healthcare team must follow your wishes. To ensure your wishes are legally binding, you can make an Advanced Decision to Refuse Treatment (ADRT) (also known as a living will). An ADRT is a statement made by a mentally competent person aged over 18 years which defines in advance their refusal of specific medical treatment should he / she become mentally or physically incapable of making his / her wishes known.

An ADRT can be either a written document or a verbal statement. However, if you wish the ADRT to refer to life-sustaining treatment then this must be in writing. You may revoke the decision at any time, either in writing or orally. However it is important that you let the healthcare team and people close to you know of any revocation.

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If the ADRT refuses life-sustaining treatment, such as CPR it must:

- be in writing (it can be written by someone else on your behalf and recorded in your healthcare notes);
- be signed by you and witnessed (the witness must also sign the document to prove this); and
- state clearly that the decision applies “even if life is at risk”.

If you have an ADRT, you must make sure that the healthcare team knows about it and puts a copy of it in your records. You should also let people close to you know so they can tell the healthcare team what you want if they are asked.

What if I want CPR to be attempted, but my doctor says it won't work?

Although nobody can insist on having treatment that will not work, no doctor would refuse your wish for CPR if there was any real possibility of it being successful. If there is doubt whether CPR might work for you, the healthcare team will arrange a second medical opinion if you would like one. If CPR might restart your heart and breathing, but is likely to leave you severely ill or disabled, your opinion where appropriate about whether these chances are worth taking is very important.

What if I change my mind?

You can change your mind at any time, and talk to any of the healthcare team caring for you.

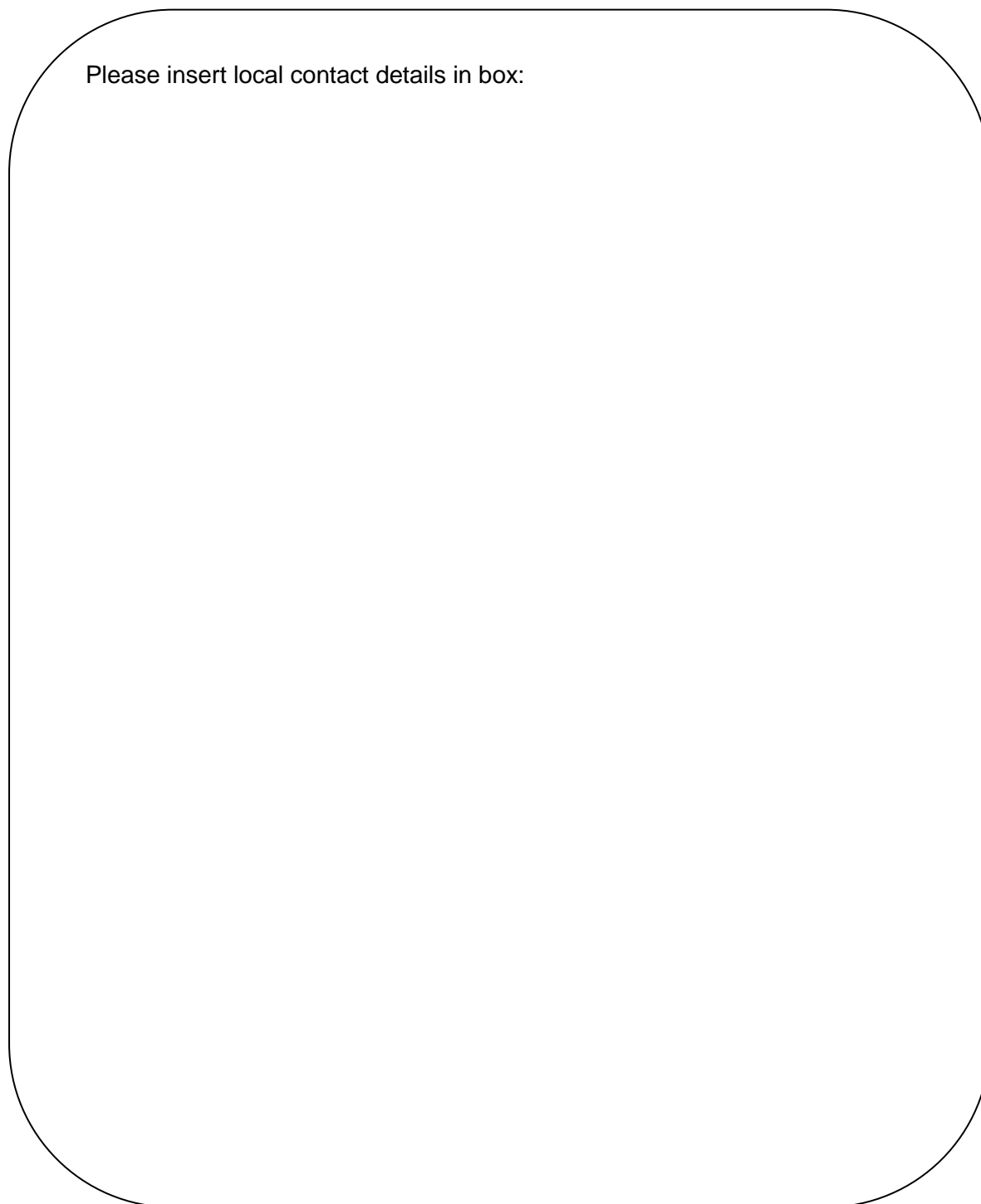
If you feel you have not had the chance to have a proper discussion with your care team, or you are not happy with the discussions you have had you can follow the formal complaints procedure. Please do not hesitate to keep asking questions until you understand all you wish to know.

Who else can I talk to about this?

If you need to talk about this with someone outside of your family, friends or carers, to help you decide what you want, you may find it helpful to contact any of the following:

- Counsellors
- Independent Advocacy Services
- Patient Advice and Liaison Service (PALS)
- Patient Support services
- Spiritual carers, such as a chaplain.

Please insert local contact details in box:



Comments, compliments or complaints

We welcome any suggestions you have about the quality of our care and our services. Contact us: Freephone: **0800 1613997**

Phone: **01625 661449**

Textphone: **01625 663723** Customer Care, Reception,
Macclesfield District General Hospital, Victoria Road,
SK10 3BL

For large print, audio, Braille version or translation, contact
Communications and Engagement on **0800 195 4194**.

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(including e-cigarettes)**

For advice on stopping smoking please contact **One You**
<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/>

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