

Why the Doctor or other Health Care Professional is asking me about CPR?

- You may be involved in discussing other treatment options to determine your Goals of Care in your current health situation or in case you develop a serious illness.
- Like other treatment options, you and your family should be active participants in decision-making. Choosing CPR is a treatment decision and your input is crucial.

What Happens if I Do Not Have this Discussion and I am Unable to Communicate my Wishes because I am Sick?

It is important for you to know that if there is no discussion of these treatments and your heart were to stop, the health care team may do CPR even if that was not what you would have wanted. Your family members may be asked to make a difficult decision, guessing what you might have wanted.

What if I do not want CPR?

For capable adults in hospital or other health care settings within Regina Qu'Appelle Health Region, you are given an opportunity to complete a "My Voice for Life-Sustaining Treatment Order (MVLST) Goals of Care" form with a health care team member. This form allows you to record your wishes on receiving CPR and your goals for medical treatments.

This form is completed only after a discussion between you and your doctor or other health care professional. This form is then placed on your chart. You may include your proxy, nearest relative, and family in these discussions.

You will continue to receive other treatments if your decision is not to have CPR. You will receive all appropriate medical interventions, such as medications and treatment in keeping with your Goals of Care.

The goal of the health care team is to respect your wishes and to provide the right care at all times during your illness.

Adapted from the CPR Decision Aid Guidebook:
Speak up Campaign www.advancecareplanning.ca

Advance Care Planning information including the "My Voice: Planning in Advance for Health Care Choices" workbook can be obtained from a health care professional or the Advance Care Planning Program RQHR

(306) 766-5922

Email: advancecare@rqhealth.ca

<http://www.rqhealth.ca/quality-transformation/advance-care-planning>

Cardiopulmonary Resuscitation (CPR)

Making Informed Decisions



CEAC 1074
October 2, 2016

CPR is the term often used to describe the treatment to try to restart a person's heart after it has stopped beating.

What Happens During CPR?

- ◆ Pushing hard and repeatedly on the person's breastbone to keep the blood flowing around the body.
- ◆ Inserting a breathing tube through the mouth to the lungs.
- ◆ Using an electric shock. The goal is to try to get the heart to beat more effectively.

If the heart is successfully restarted, the person is usually transferred to an Intensive Care Unit. They are placed on life support and often need a breathing machine.

Possible Side Effects of CPR:

- ◆ Broken breastbone and ribs from pushing down hard and repeatedly on the chest during CPR are common and painful. This is particularly common in older people who are frail, have other chronic health conditions, or have brittle bones.
- ◆ Bruised or punctured lungs from pushing on the chest.
- ◆ People who do survive after their heart has stopped may have brain damage.

CPR can be Successful When:

- ◆ **CPR is started immediately** after the heart stops and the person stops breathing. Research is clear that if the heart stops and is not restarted again within 2 to 5 minutes, the person may suffer brain and/or organ damage or may die.
- ◆ **The person is quite healthy before their heart stops and CPR is begun right away.** CPR will, at best, bring the person back to how the person was before their heart stopped. It will **not** improve the illness that caused their heart to stop beating.

For individuals at the natural end of their lives or who have a serious injury or medical illness, restarting the heart is not effective in over 96% of cases and can cause additional suffering.

The side effects of CPR can be more of a burden than a benefit. In these cases, doctors may recommend not performing CPR, after discussions with you and/or your proxy.

You may have seen CPR on TV shows. In real life, CPR is much less successful in restarting the heart than it is on TV.

How do I Decide about CPR?

You and those closest to you have the right to know the benefits and risks associated with CPR as it pertains to your medical condition.

These points may be helpful when making a decision about CPR:

- ◆ At any time during treatment, you have the right to change your decision about CPR or other life prolonging treatments.
- ◆ Think about the values you consider important for guiding your health care decisions. For example, how would your personal experiences, spiritual, religious, and personal beliefs impact your decision regarding CPR? Personal beliefs may include:
 - “Even if it is only a 10% chance, that is enough for me“ (Risk/Odds)
 - “I have lived a good life and when it is my time ...” (Life is complete)
 - “Nothing is worse than death ” (Fear of death)
 - “I want to see my child married and then I can go” (Unfinished Business)
- ◆ Think about your current health. Talk to your doctor, health care professional, and those closest to you about CPR and how it pertains to you and your health. Health care professionals welcome your questions about CPR.