Cardiopulmonary resuscitation and treatment escalation plans

Information for patients, relatives and carers

This leaflet explains what cardiopulmonary resuscitation (CPR) and treatment escalation plans are and how decisions about them are made. This includes what may also be referred to as ‘do not attempt resuscitation’ (DNAR) or ‘do not resuscitate’ (DNR) orders. It answers some of the questions that people often ask. If you have further questions, you are welcome to ask your care team.

What is CPR?

CPR is an emergency treatment that tries to restart a person’s heart or breathing when these stop suddenly. It involves:

- repeatedly pushing down very firmly on the chest (chest compressions)
- inflating the lungs with a mask or tube inserted into the windpipe (intubation)
- sometimes using electric shocks to try to correct the rhythm of the heart (defibrillation)

How successful is CPR?

The success rate for CPR is low. One in five people on whom CPR is attempted in hospital recover enough to be discharged. For people who need CPR outside hospital it is even lower; 1 in 20 will survive to be discharged after a hospital stay. This is because CPR usually only works on people who are normally fit and well and experience sudden problems, such as a heart attack.

CPR will not be successful for people naturally approaching the end of their life, where the conditions which have caused their heart to stop are no longer treatable/reversible. In the last days of life, the slowing of the heart and breathing happen much more gradually and are a natural part of dying.

Am I likely to benefit from CPR?

The chance of CPR reviving you if your heart and breathing stop will depend on several factors:

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

Decisions about CPR are based on clinical factors, having taken into account the patient's and loved ones' views. They are never based simply on a patient's age, race, gender or social background.

If your doctor or nurse thinks that you may benefit from CPR they will talk to you about this and the likelihood of success in your individual case. If you are coming towards the end of your life, you are unlikely to benefit from CPR and it may even cause harm, for example, broken ribs.

Who makes the decision about CPR?

The medical team caring for you will make the decision about whether to attempt CPR or not. They have a legal duty to include patients and their loved ones, if someone is unable to speak for themselves, in their decision making. Your views will be taken into account where possible.

We recommend that you discuss your thoughts regarding CPR and other foreseeable treatments, combined with any future wishes you may have, with your loved ones in advance of any serious ill health – this is known as advance care planning. This is important because if you become seriously unwell in the future and cannot express your views yourself, your loved ones may be asked if they are aware of your wishes.

You should also consider documenting your advance care plan; this can be done in several ways including an advance directive or an advance decision to refuse treatment, or you could consider nominating a lasting power of attorney. Please tell your care team if you want more information on advance care planning.

If there are people you do (or do not) want to be asked about your care, please let your healthcare team know.

What if I don't want CPR?

If your doctor thinks you may benefit from CPR, you can decide whether you want it or not. You can refuse CPR even if there is a chance that it may help you.

If you initially agreed to CPR then later decide that you do not want it, you can ask the doctor or nurse looking after you to record this in your healthcare record. They will follow your wish to refuse CPR.

Will I still get treatment if I decide not to have CPR?

A discussion about CPR is only about cardiopulmonary resuscitation. However, as part of the conversation about CPR, your doctors may also want to discuss other treatment options and whether or not they may be of benefit to you. This is called a treatment escalation plan and is part of your healthcare record.

Treatment escalation plans are developed with you by your healthcare team, to help guide treatment and care that you might need in the future. The treatment escalation plan will include details about which treatments may or may not benefit you, and records your wishes about whether you wish to receive them.

The types of treatments that may be discussed within a treatment escalation plan may include:

- breathing support – for example, a tube down your throat (intubation) or use of a mask to support breathing (non-invasive ventilation)
- circulatory support – for example, medication (called inotropes) via a line in your neck to help control your blood pressure

- excretory support – for example, filtering of waste from your blood via a machine (dialysis)

We use intensive care support if someone is suddenly ill and needs short-term help. An intensive care setting is not always appropriate if your underlying medical condition is not treatable/reversible.

Your medical team will try to give you the best treatment they can at all times. It is important that, at all stages of illness, you can have an open discussion about what treatments may or may not be appropriate and the benefits or harm such treatments can bring. It can be important to remember that the benefits and harms of individual treatments can change as an illness progresses. Even if the decision is made not to perform CPR or to admit you to intensive care, we will always continue to provide safe, high quality and appropriate treatment and care to ensure your comfort and dignity at all times.

What happens if I want CPR or escalation of treatment but staff say it is not appropriate for me?

Your views are important and we want to involve you in decisions about your treatment. We recognise that these discussions can be distressing but your doctor will raise these issues as sensitively as possible.

As doctors, our first commitment to our patients is to do no harm. We will therefore not offer a treatment that we feel is unlikely to provide benefit and may cause harm. If you are unhappy with your doctor's decision, they will tell you the reasons for their view and may offer you the choice of having a second opinion.

Will all health professionals involved in my care know about my CPR decision?

Yes. Once a decision regarding CPR and treatment escalation has been made it will be documented on a form called a 'Cardiopulmonary resuscitation and treatment escalation plan.' This form will be part of your healthcare record. Your healthcare record is available to and consulted by all healthcare professionals involved in your care.

If you are discharged, we will tell your GP about the CPR and treatment escalation decision.

What if I have more questions about CPR?

If you have other questions about CPR or treatment escalation plans which are not covered in this leaflet, please talk to your doctor or care team. They will be happy to answer any questions. They may refer you to a colleague who is better able to answer your questions.

Additional information and support

Chaplaincy service

The chaplaincy team is made up Anglican, Jewish, Muslim, and Roman Catholic chaplains and has contacts in the community to provide for the needs of other religious communities. The team is happy to make contact with and arrange a visit by a representative of a community known personally to the patient or those who are close to them.

We offer confidential religious, spiritual and pastoral care to all patients and visitors between 9.00am and 5.00pm with a 24/7 urgent out-of-hours on-call service. To request a visit, speak to a member of your care team and ask them to contact the on-call chaplain. Patients can also call directly on **020 3312 1508** where you can leave a message but please be aware you may not receive a response until the next working day.

Interpreting services

Discussions and decisions about treatment options can be challenging, especially if English is not your first language or if you don't have good support networks. If you need a language or British Sign Language interpreter, please let your care team know and they will organise this for you.

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Patient advice and liaison service

If you have any suggestions or comments about your care or that of your loved one, please contact a member of ward staff or the patient advice and liaison service (PALS) on:

- **020 3312 7777** (10.00 – 16.00, Monday to Friday)
- Via email at imperial.pals@nhs.net

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

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