

Information for patients and carers

**Do Not Attempt Cardiopulmonary
Resuscitation (DNACPR) decisions.**

Allow a Natural Death

A decorative graphic at the bottom of the page consisting of three overlapping, wavy bands of blue color, transitioning from a lighter blue at the top to a darker blue at the bottom.

This leaflet will explain:

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

This is a general leaflet for everyone over the aged of 18. The leaflet may be useful not only for yourself but for your relatives, carers and other people 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 choices available. If you have any other questions, please talk to one of the health care professionals caring for you.

A DNACPR decision is about cardiopulmonary resuscitation only and does not apply to any other treatment and care. If you want to make advanced plans about other aspects of your treatment, please ask to discuss advanced care planning with the team looking after you.

What is Cardiopulmonary Resuscitation?

Cardiopulmonary arrest means that a person's heart and breathing has stopped. 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 to pump the heart or using an electric shock to try and restart the heart**
- **Inflating the lungs through a mask over the nose and mouth or inserting a tube into the windpipe**

Is CPR tried on everyone whose heart and breathing stops?

Yes, in an emergency if it felt there is a chance that 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 and save the person's life.

However, if people are already seriously ill or near the end of their life, this treatment may not work or not be the most appropriate option. If this is the case, the decision will be made to allow a natural death. This means that the person will be made comfortable, and their care needs will be attended to, and some other necessary treatment may still be given as required, but if their heart stops beating or their breathing stops, the clinical teams will not attempt to restart them.

Will patients be asked whether they want CPR?

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 if it might prolong your life in a way that you can enjoy.

If the healthcare team looking after you do not think that CPR would work, then they will make the decision that this should not be provided. As doctors and nurses, it would be unethical for them to give a treatment that they know will not help. If the team looking after you need to make this decision, then they will talk to you about it.

Sometimes the healthcare team think CPR might work but is likely to leave someone with a severe disability or prolong their suffering. Your wishes are very important in deciding whether resuscitation may benefit you in these circumstances, 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 also.

How likely is 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 future healthcare problems including a cardiopulmonary arrest.

Someone from the healthcare team will talk to the patient and/or their carers about:

- The illness
- What can be expected to happen
- What can be done to help?

What is the chance of CPR revival following a cardiopulmonary arrest?

This will depend on:

- Why the heart and breathing have stopped
- Any current or past illnesses or medical problems
- The overall health condition

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 hospital. Everybody is different and the healthcare team will explain what CPR may do for you.

Do people recover fully after CPR?

Each person is different, and the success of CPR depends greatly on what causes the heart to stop beating in the first place, followed by whether they had any underlying medical conditions, and how quickly the treatment is started.

Very few people will make a full recovery, while 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.

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. Witnessing CPR can also be very traumatic for relatives, friends and carers present, and for the staff involved.

Does it matter how old the patient is, or their 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 for you, a full recovery. Your age alone does not affect the decision, nor does the fact that you have a disability.

If it is decided that CPR will not be attempted, what then?

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, know and understand the decision. There will be a note in your health records that you are 'not for cardiopulmonary resuscitation'. This is called a 'do not attempt cardiopulmonary resuscitation' decision or DNACPR decision.

The healthcare team will continue to give you the best possible care and this decision does not affect other treatments they can give.

What if the patient does not want to decide?

You do not have to talk about CPR if you do not want to, however this may mean that the healthcare professionals caring for you are unaware of your wishes.

Your family, close friends, carers or those who you feel know you best can participate in discussions, if you do not wish to be involved. Then the healthcare professionals can make decisions with your family in your best interests. If they do this, they will also consider anything you might have said about your wishes before.

What if I am unable to take part in a decision about CPR?

If you cannot take part in making a decision about CPR or about other types of treatment, because you are too unwell to understand information, to make a considered choice, or to communicate your wishes, these decisions will be made for you. You can plan ahead for this situation by nominating someone who you would like to make decisions on your behalf by arranging to give them Lasting Power of Attorney (LPA) for health and welfare.

Many people do not have a Lasting Power of Attorney in place. If this is the case for you, then the healthcare professionals looking after you will make the decision in your best interests. They will involve your family and loved ones in this whenever possible, and they will include any information you have previously shared about your wishes.

What if a decision has not been made and I have a cardiopulmonary arrest?

The doctor in charge of your care will decide what is right for you. Your family and friends are not allowed to decide for you, but 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 do not?

If you do not want CPR, you can refuse it. You can make an Advanced Decision to Refuse Treatment (ADRT) (formerly known as a living will) to put your wishes in writing. This decision is legally binding, and the healthcare team must follow your wishes. If the advance decision refuses life-sustaining treatment, it must:

- Be in writing (it can be written by someone else or recorded in healthcare notes)
- Be signed and witnessed
- 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 know about it and a copy of it is 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?

The healthcare professionals looking after you should explain fully why they believe this will not be effective. It would be unethical of them to offer you treatment which they do not believe will work.

If you disagree with their decision or there is doubt whether CPR might work for you, the healthcare team can arrange a second medical opinion.

If CPR might restart your heart and breathing but is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. The healthcare team will listen to your opinions and to the people close to you if you want them involved in the discussion.

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 that 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

Contact details

Should you require further advice or information please contact Resuscitation Department

Email: Resuscitation.services@lthtr.nhs.uk

Telephone: **01772 716565** and ask to be connected to bleep number **2525**

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.resus.org.uk

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**Please ask a member of staff if you would like help in understanding this information.
This information can be made available in large print, audio, Braille and in other languages.**

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