

# CPR

## Decision Aid

### What is CPR?

CPR (Cardio-Pulmonary Resuscitation) refers to the steps which may be taken in a medical emergency when someone's heart or breathing has stopped.

### How is CPR done?

Many people have seen CPR on television. TV often makes CPR look quick and easy. But it is not.

#### During CPR:

- The chest is pushed down two (2) or more inches many times each minute to make the heart pump.
- Strong electrical shocks may be given through the chest in attempt to make the heart beat at a normal rate.
- Medicine may be given, usually through an IV (intravenous) line.
- A mask may be placed on the face or a tube in the windpipe (trachea). These are often used to assist with breathing.



### When do people need CPR?

It is needed when someone's heart stops. When this happens, healthcare providers will try CPR *unless* there is a completed DNR (Do-Not-Resuscitate) order or a POLST (Physician Order for Life-Sustaining Treatment) saying that the person does not want CPR. These orders should be completed by the physician or provider AND the person.

### How might CPR help a person whose heart has stopped?

- The goal of CPR is to restart a person's heart.
- CPR can pump blood and support the body's organs, like the brain.
- CPR may give the medical team time to keep the heart beating after restarting.
- CPR may give the medical team time to try to find and try to treat the medical problem that caused the heart to stop pumping.

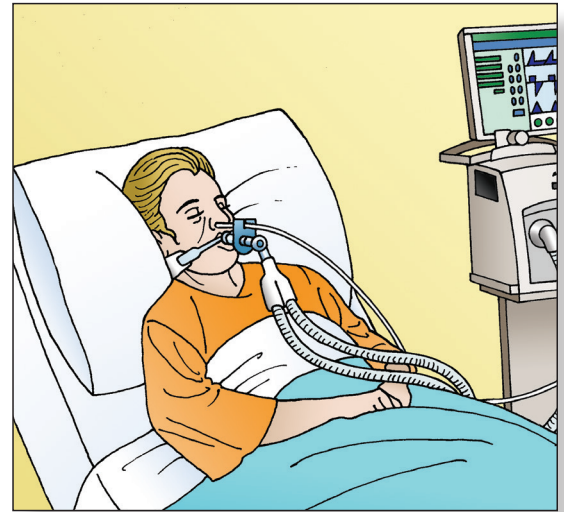
#### Who should use this guide?

This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about **CPR**.

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## How might CPR cause harm?

- Over half of people who live after CPR will have problems with thinking (brain damage).
- For two-thirds or more, brain damage and disability may be long-lasting.
- At least half of people will have broken ribs or breastbone (sternum).
- Often there will be bruising to the chest.
- Burns on the chest from electrical shocks are common.
- People may vomit during CPR. This may go into the lungs and cause pneumonia.



## Does CPR help people to get better?

It depends on a few things:

- The reason the person's heart has stopped pumping.
- How healthy or sick the person was before the heart stopped pumping.
- How long the heart was stopped before CPR was started.

Only some of the people who get CPR will live through it – between 2% to 24%. Living through CPR does not always mean the person will get well or go home again.

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## Who is most likely to be helped by CPR?

- People who were mostly healthy and active before their heart stopped.
- Those who have CPR started within only a few seconds after their heart stops.
- People who have a type of heartbeat that responds to electrical shocks (not all do).

## Who is less likely to be helped by CPR?

- People who are seriously ill from heart, lung, liver, or kidney failure.
- Those who have a terminal illness, such as advanced cancer or advanced dementia.
- People who are older, weaker, or very frail.

People need to ask their doctors about the possible help or harm they might get from CPR, based on their own medical history and overall health.

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## What happens to people who decide NOT to try CPR?

### They can still get other treatments.

People who decide ahead of time that they don't want to try CPR if their heart stops can still get other treatments they might need. This may include surgery, time in the intensive care unit, or other treatments and medications. Help with pain is always available.

- People who do not want CPR should also talk to their doctor about a ventilator or breathing machine. This is because people who need CPR often need a breathing machine for a period of time.

### They may not be able to prolong life.

If the heart stops beating and CPR is not attempted, then death will not be delayed.



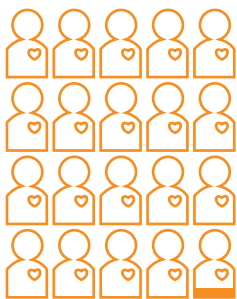
## How do people decide whether or not to try CPR?

They talk with their doctor about how CPR might affect their health or quality of life. They think about the benefits or possible harms of CPR to see if it is right for them.

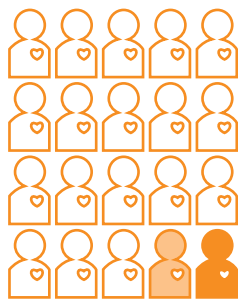
### It is important to talk with your doctors and medical team about:

- How CPR might help you to reach your goals, such as getting back to a certain level of health or ability.
- What your chances are of living at home after CPR.
- What kind of harms CPR might cause you.
- How likely you are to live through CPR.
- What your life might be like after CPR.

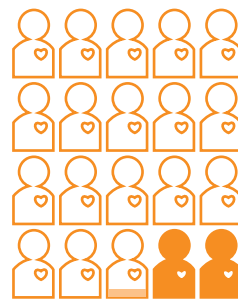
## WHEN CPR IS ATTEMPTED, HOW MANY ADULTS SURVIVE BEYOND 30 DAYS?



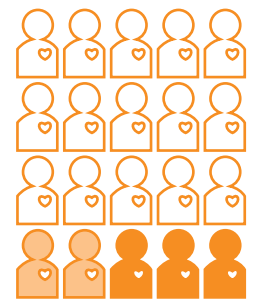
**1.7%**  
Adults living in  
a nursing facility



**5-10%**  
Adults with serious  
chronic illness



**10-13%**  
Adults living  
independently



**17-24%**  
Adults in  
a hospital

## Who chooses to try CPR?

- People who are more likely to survive, to recover, and have an acceptable quality of life after CPR.
- People whose main goal is to live as long as possible may choose to try CPR, even if it may cause other possibly serious medical problems.

## Who chooses NOT to try CPR?

Some people with a serious or life-limiting illness may choose not to try CPR because they may want to:

- Avoid being indefinitely hooked up to tubes and machines after CPR with little benefit.
- Avoid possible harms such as broken ribs, brain damage, or disability.
- Avoid dying in a medical facility.
- Avoid delaying natural death while not hastening it.

## What feels right for you?

When thinking about yourself and your choices, it may help to talk with:

- Anyone who might make medical decisions for you in the future.
- Any person for whom *you* are the medical decision-maker.
- Your doctors and medical team.
- Family or friends.
- Your spiritual or faith leaders.
- Others who have chosen CPR in similar situations.

If you do not want CPR attempted, ask for special medical orders to be written by your medical provider.

## Making Your Decisions Known

- Tell your family, close friends, and your doctor about your decision.
- Create an Advance Directive\* and choose someone to speak for you when you cannot speak for yourself.
- Discuss advance care planning with your medical provider and whether your decision should be recorded in a special medical order. (Learn more at POLST.org.)
- Give copies of these forms to your family, to your doctors, and to your hospitals.
- Keep important documents in an easy-to-find place.

\*Advance health care directive forms are available at [WholePerson.care](http://WholePerson.care), [CoalitionCCC.org](http://CoalitionCCC.org) or from your healthcare provider.



*Caring for the Whole Person* is a statewide initiative of the California Bishops and Catholic healthcare systems designed to provide resources and tools to ensure that seriously ill parishioners and patients are loved and supported; can openly talk to their spiritual leaders, clinicians and family members about their wishes at end of life; and have access to quality palliative care. This decision aid was developed in partnership with the Coalition for Compassionate Care of California. For additional copies or more information, contact [info@wholeperson.care](mailto:info@wholeperson.care). Additional resources are available online at [WholePerson.care](http://WholePerson.care) and [CoalitionCCC.org](http://CoalitionCCC.org).