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## “Sharing and Involving”

### Information for patients and their carers to help make decisions about CPR (Cardiopulmonary Resuscitation)

***This leaflet tells you and those close to you what CPR is and how decisions about CPR are made. It may not answer all of your questions so please speak to your healthcare team about anything you do not understand.***

Version 2 of Patient Information resource reviewed by NHS Wales AFCP Strategy Group in 2021.  
Access full DNACPR policy and resources here [www.wales.nhs.uk/DNACPR](http://www.wales.nhs.uk/DNACPR)

## What is CPR?

CPR is an emergency intervention that tries to restart your heart and breathing if they stop. This can be a medical emergency but for many it is a natural process at the end of life. CPR is a separate and different intervention to the treatment that you are already receiving.

CPR may include:

- Repeatedly pushing down firmly on your chest.
- Using a special mask or a tube to help you breathe.
- Using electric currents from a defibrillator to try and restart your heart.
- Using injections to try to restart your heart and circulation.

## Talking about CPR

Depending on the healthcare setting and your health a GP, hospital doctor, or senior nurse/allied healthcare practitioner may wish to discuss your views around CPR. They will help you to reach an understanding.

## What if I don't want to talk about CPR right now?

- You don't have to talk about CPR if you don't want to. If you feel you're not ready to talk about it - just say.
- You may wish to discuss your views around CPR with your family, close friends or carers. They will help you reach an understanding you are comfortable with.
- Although this may be difficult, please discuss CPR with your healthcare team as soon as you feel able to. This will make certain that your healthcare team fully understand your wishes.

***If you are ready to think about CPR please read on.  
Otherwise please keep this leaflet safe so that you can  
read it when you are ready***

## Who decides about CPR?

You and your healthcare team can discuss if you would be likely to benefit from CPR. They will want to know what you think. Your wishes are very important in making this decision. Unless there are exceptional clinical reasons they will discuss this with you and the DNACPR form will be kept with your health records.

***If you want to, you can talk to the healthcare team looking after you about CPR. Together you can talk about:***

- Your wishes and beliefs.
- Your current health.
- Whether CPR is likely to restart your breathing and heart, and for how long.
- Also whether CPR will help you live longer in a way you can enjoy.
- Also what effect CPR might have on your future health and the way you enjoy life

If you and the team decide that you should not have CPR then the decision will be documented in your notes on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form).

## Will CPR work for me?

CPR does not always work and will depend on:

- Why your heart and breathing has stopped
- What illnesses or medical problems you have (or have had in the past)
- Your general health

## Does everyone get back to normal after CPR?

Sadly most people do not survive after a cardiac arrest. Those with complex medical problems are much less likely to make a full recovery. It is important that you know that:

- Patients are often critically unwell after CPR and may need more treatment in a coronary care or intensive care unit
- Most patients do not return to the physical or mental health they had before they had CPR. Some may need a lot of rehabilitation.
- Unfortunately some patients go into a coma from which they might not recover or might suffer from brain damage.

## Is CPR tried on everyone whose heart and breathing stop?

If you are seriously ill and near the end of your life, there may be no benefit in trying to resuscitate you as the heart and breathing will stop as a natural part of dying. In these cases, it is more important to keep you pain-free, comfortable and supported. CPR may offer false hope and do more harm than good by not allowing you to die a natural death.

- If your heart and breathing stops unexpectedly, for example if you have a serious injury or heart attack, **unless you and your healthcare team have already put a DNACPR order in place the healthcare team will try CPR** if they think there is a chance of recovery.
- If your breathing and heart stop before a decision on CPR has been reached, the healthcare professionals looking after you will decide whether to try CPR. They will take into account your general health, things you may have already discussed with them, the views of those closest to you and also how likely it is that CPR will succeed.

## Who makes the decisions if I can't?

If you are unable to understand the information you are given about CPR and cannot make the decision for yourself someone else may be able to decide for you.

For patients unable to make a decision because of illness or a learning disability a person (a legal proxy) can be appointed to make a decision on your behalf to help decide for you. A legal proxy can be:

- Someone you appointed as your Lasting Power of Attorney (LPA) for Health and Welfare **or**
- Someone a court has appointed to be your welfare guardian, **or**
- Someone a court has appointed by an intervention order to make a one-off decision (about CPR).

The clinician will always talk through the decision with the legal proxy if this is possible.

- Although your family and friends are not allowed to decide for you, unless they have been given this authority in the form of an LPA, your healthcare team will talk to them to understand your wishes and beliefs.
- If there are people you do or do not want to be asked about your care, you should let your healthcare team know as soon as possible.

## What should I do if I know that I don't want CPR?

- If you don't want anyone to try CPR, tell your healthcare team. They must follow your wishes.
- Consider telling those close to you your wishes, so they can tell your healthcare team what you want if they are asked.
- You can make an advance decision or 'Advance Decision to Refuse Treatment' (ADRT) putting your wishes/refusals in writing. If you have an advance decision, **please make sure your healthcare team know about it so that they place a copy of it in your health records. See [www.wales.nhs.uk/AFCP](http://www.wales.nhs.uk/AFCP)**

**If you change your mind you should tell the Senior Doctor or Nurse as soon as possible.**

## What if I want CPR, but my clinician says it won't work?

When you discuss CPR your clinician may say that CPR would not work for you.

- No clinician will refuse your wish for CPR *if* there is a fair chance that it can be effective.
- If your healthcare team feel CPR will not work for you, you can ask them to arrange a second medical opinion if you would like one.
- If it is thought that CPR is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. Your healthcare team must listen to your opinions and to anybody you want to involve in the discussion.
- You and those closest to you should be aware that there is no legal right to demand any treatment that will not work.

## When a decision not to try CPR has been made

If you have decided you do not wish CPR to be tried, or if your clinician is sure CPR will not work, this will be written on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). This will be kept with your health records.

This decision is about CPR **only**. You will get any other treatment that you need, to keep you as well and comfortable as possible.

Your healthcare team will continue to give you the best care and treatment according to your individual needs.

## What if I am at home?

Many patients who are dying choose to die at home. Even if people close to you know that you do not wish CPR to be tried, they may feel the need to call an ambulance if they become worried about you.

If the ambulance crew or health professionals are informed you have a DNACPR form at home, they must respect your wishes. They will make you as comfortable as possible and arrange further care. They will not try CPR.

## What happens if I am discharged from hospital?

To help ensure that other health professionals know your wishes:

- The hospital team will inform the ambulance crew of your wishes
- Your healthcare team will give you a copy of the DNACPR form to take home.
- Please tell people close to you where you keep your DNACPR form should you need to be seen by clinical teams urgently in the future.

## If my situation changes or I change my mind?

If your health situation changes your healthcare team will review the decision about CPR. You can also request a review if you change your mind about your decision. Feel free to discuss your feelings with the doctors or nurses looking after you.

## Can I see what's written about CPR?

You have a legal right to see and have copies of your records

You can see what's written about CPR in your health record. Your healthcare team will have noted what you have said about CPR, and will record any decisions made along with you, in your health records. Your healthcare team should explain any words you don't understand.

## Who else can I talk to about this?

- Any member of staff involved in your care,
- Those closest to you,
- Patient support organisations – for example Macmillan Cancer Support [www.macmillan.org.uk](http://www.macmillan.org.uk) or Age UK [www.ageuk.org.uk/cymru](http://www.ageuk.org.uk/cymru),
- The hospital chaplain,
- Your own spiritual adviser,
- Independent advocacy services. An advocacy service can help you express your views or make your own decisions, or can speak on your behalf.
- British Humanist Association [www.https://humanism.org.uk/](http://www.https://humanism.org.uk/)

# How can I find out more?

For more information about anything in this leaflet, please contact:

- A member of NHS staff involved in your care
- The NHS Direct helpline on 0845 46 47 or NHS Direct 111
- The NHS Wales TalkCPR website has further information for patients [www.talkcpr.wales](http://www.talkcpr.wales) and the All Wales DNACPR policy can be found here: [www.wales.nhs.uk/DNACPR](http://www.wales.nhs.uk/DNACPR)
- NHS Wales Advance Care Planning resources including information on 'Advance Decisions': [www.advancecareplan.org.uk](http://www.advancecareplan.org.uk) & [www.wales.nhs.uk/AFCP](http://www.wales.nhs.uk/AFCP)
- Your local citizens advice bureau (find your nearest bureau online at <http://www.adviceguide.org.uk/wales.htm> or in your local phone book).

For more information about advocacy and to find a local advocacy group, contact:

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Phone .....  
Website.....

For more information about legal proxies contact:

The Office of the Public Guardian (England and Wales)  
Phone: 0300 456 0300  
E mail: [customerservices@publicguardian.gsi.gov.uk](mailto:customerservices@publicguardian.gsi.gov.uk)  
Website: [www.gov.uk/government/organisations/office-of-the-public-guardian](http://www.gov.uk/government/organisations/office-of-the-public-guardian)

For more information about making a complaint, you can get a copy of the leaflet ***Putting Things Right: Raising a Concern about the NHS*** from:

- Someone in your healthcare team
- The NHS Direct helpline on 0845 46 47
- Website: <https://gov.wales/nhs-wales-complaints-and-concerns-putting-things-right>
- Your local citizens' advice bureau (find the nearest bureau on the internet at <http://www.adviceguide.org.uk/wales.htm> or in your local phone book).

**This information was developed by the All Wales DNACPR Group and produced after consultation with relevant stakeholders. It is available on all NHS Health Board websites.**

**You can ask someone in your healthcare team for a copy.**

Talk CPR videos for patients with information about DNACPR:

