

Making Healthcare Choices:

Cardiopulmonary Resuscitation (CPR)

Making decisions about trying cardiopulmonary resuscitation (CPR) is not easy. This brochure provides information about what CPR involves and what else is important to think about when deciding about CPR.

What is CPR?

CPR is used to try to restart the heart and breathing after these have stopped. CPR includes both:

- Pushing on the chest to try to restart the heart, and
- Giving air by the mouth or a tube down the airway to the lungs. Also,
- Shocking the heart with electricity or giving medicine into the blood stream may be needed.

This type of medical care requires follow up in the hospital emergency department and likely an intensive care unit (ICU) so a ventilator (breathing machine) and a heart monitor can be used.

When is attempting CPR most successful?

On TV shows, CPR is shown as an action that is often successful. A healthy person whose heart stops suddenly has the best chance to return to good health. CPR is also more successful if the person is already in the hospital. Studies show:

- About 25% of adults who receive CPR in the hospital survive and leave the hospital; about 12% of adults who receive CPR outside the hospital survive. (American Heart Association, 2017)

Having a chronic illness and increased age lowers the survival rate of CPR. (Nakami et al JAMA 2006).

- An elderly person with a chronic illness has an average survival rate of less than 5%.
- Those with advanced illness (Alzheimer's, Parkinson's, and other disease) survival rates are less than 1%.
- Those with advanced dementia have a survival rate that is 3 times lower than those without.

What are the complications of CPR?

CPR requires a lot of force to move the heart. Broken ribs are common. CPR attempts may also hurt the liver, bruise the chest, and cause burns from the electric shocks.

The brain loses oxygen when the heart stops beating, and the person is not breathing. Permanent brain damage may occur from lack of oxygen in up to half of those who have CPR attempted. Damage occurs within 3-6 minutes without oxygen.

If the heart regains the ability to beat, the person may still need a ventilator for days, weeks, months or longer to support their breathing. People needing ventilators long-term will need constant medical care. You may choose to have CPR attempted, and define if/when you would be removed from the ventilator if you are next improving as you wish.

For a person who is very ill or dying, CPR is not likely to help since the heart and breathing stop because of their illness. CPR may leave the sick person in pain and distress for the last days of his or her life.

Choosing Do Not Resuscitate (DNR)

After careful consideration of benefits and risks, some people may decide they do not want CPR attempted. Choosing to not attempt CPR is called "do not resuscitate", or DNR.

Persons who choose DNR still receive medical care and treatment. DNR only applies to the CPR process when the heart and breathing have stopped. DNR does not refer to other medical care.

Making the decision about CPR can be very difficult for a person's loved ones. Discussing your CPR wishes with your healthcare providers and loved ones before a crisis occurs is important in making sure your wishes are honored.