

# Decisions about Cardiopulmonary Resuscitation (CPR)

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*A leaflet for patients and families*

**Because every day matters**

**[www.hospiscare.co.uk](http://www.hospiscare.co.uk)**

*Registered charity no. 297798*



**Hospiscare**

Caring in the heart of Devon

*This is a leaflet for patients, their families and friends. It explains:*

- *What cardiorespiratory arrest is (sometimes called cardiac arrest)*
- *Cardiopulmonary Resuscitation (CPR) as a treatment for cardiac arrest*
- *How it may apply to you*
- *How decisions about CPR are made*

## What is CPR?

Cardiopulmonary arrest is when a person's heart stops beating and their breathing stops too. When cardiorespiratory arrest happens, it can sometimes be possible to restart the heart and breathing with emergency treatment called CPR (cardiopulmonary resuscitation or sometimes called just 'resuscitation'). This might include:

- Repeatedly pushing down very firmly on the chest (chest compressions)
- Mouth to mouth or mask to mouth breathing
- Using electric shocks to try to restart the heart, using a machine called a defibrillator
- In hospital (but not the hospice) inflating the lungs using a tube inserted into the windpipe

Any patient whose heart is successfully restarted needs immediate transfer to hospital, usually for care in an intensive care or coronary care unit.

## How could CPR help me and what are the risks?

The media sometimes portray CPR as being very successful, but in fact CPR usually only works in certain situations. A person's chance of surviving CPR very much depends on how well they were before the cardiorespiratory arrest. For people who are in good health who have specific types of cardiorespiratory arrest and receive CPR, a small number will make a good recovery. People with serious, advanced illness such as advanced cancer, heart or lung disease, are very unlikely to survive CPR. CPR is an invasive procedure and can cause broken ribs, internal bleeding or a punctured lung. A person who survives CPR is often still very unwell and may suffer brain damage or go into a coma; they may spend a lot of time in intensive care which is very upsetting for them and their family, and often they never recover the level of physical or mental health they had before the cardiac arrest.

## Who makes the decision about CPR?

The senior doctor looking after you is ultimately responsible for deciding whether you will be offered CPR. The aim is to make a calm decision in advance so there is a clear treatment plan. The doctor will consider carefully the likelihood of CPR succeeding, based on the seriousness of your underlying illness. If you are at home, your GP or Hospiscare nurse will be happy to discuss this with you. **You do not have to talk about CPR if you do not want to.** With your permission, CPR can be discussed with your family and friends, but they cannot make decisions about it for you. CPR is an invasive treatment, and neither you nor your family can insist that CPR be tried if the clinical team judge it to be inappropriate. However, the professionals in charge of your care will offer you a second opinion if you disagree with their decision.

## **Does the decision affect which other treatments I receive?**

A 'not for cardiopulmonary resuscitation' decision is about CPR only and you will receive all other treatment and care that you need.

## **How is the CPR decision recorded?**

Throughout Devon, decisions regarding CPR are recorded on a form called a 'TEP form' (Treatment Escalation Plan). The TEP form should be kept with you if you are at home, and brought in to keep with your notes if admitted to hospital or the hospice. If you wish, you can also discuss and record other treatments you would want to consider or avoid on the TEP form, for example intravenous antibiotics or artificial ventilation of your lungs. The option of whether you would want to be readmitted to hospital may also be included in your plan. Talk to your hospice nurse, GP or hospice doctor if you would like to know more about TEP forms or planning for your future care.

## **What does CPR mean for patients receiving care from Hospiscare?**

Sudden cardiorespiratory arrest is uncommon in patients receiving palliative care. More commonly, the persons' heart and breathing slow down gradually over hours or days after a period of worsening illness, they may become increasingly sleepy and death is natural and expected.

## **Resuscitation facilities available at Hospiscare**

Hospiscare staff are trained to perform basic cardiopulmonary resuscitation. There are automatic defibrillators at Searle House, Pine Lodge and King's House. Resuscitation would be attempted for patients where appropriate, or for visitors and staff in the unlikely event of their cardiac arrest.

## **What if I have further questions or worries?**

Doctors and nurses will be happy to discuss any concerns you have about CPR or your future care with you at any stage of your illness, and with your permission, with relatives and friends.

## **Further information about CPR is available from:**

Resuscitation council UK: [www.resus.org.uk](http://www.resus.org.uk)

Dying Matters: [www.dyingmatters.org](http://www.dyingmatters.org)

**Space for notes:**

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# Hospiscare is a charity

If you live in Exeter, Mid or East Devon, Hospiscare is your local hospice charity. Should you or a loved one need care for any type of terminal illness, our professional team of doctors and nurses are here to help. If you would like to make a contribution towards the charity, please visit the website to donate [www.hospiscare.co.uk](http://www.hospiscare.co.uk) or contact us on 01392 688020. A gift to Hospiscare in your Will helps to ensure the future of the charity in Devon for generations to come..

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## Tell us about your experience of Hospiscare

Hospiscare welcomes feedback, compliments and complaints and we use them to develop our staff and services.

We know the majority of people have a positive experience, but encourage all your feedback, positive or negative. We investigate complaints thoroughly and treat them as an opportunity to learn and improve our practice.

To tell us about your experience of Hospiscare please contact:

Director of Care

Hospiscare, Searle House, Dryden Road, Exeter EX2 5JJ

Phone: 01392 688000

Should you make a complaint, we will send you a letter or email with details of any investigation with an expected timescale where possible. If you wish to see a copy of Hospiscare's Complaints Policy, please ask. If you are dissatisfied with our response you can contact:

### The Parliamentary and Health Service Ombudsman

Millbank Tower, Millbank, London SW1P 4QP

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

Customer Helpline Tel: 0345 015 4033

***Let us know if you would like the information in this leaflet in a different format; for example in large print or spoken word.***

Hospiscare is registered by: Care Quality Commission, 151 Buckingham Palace Road,  
LONDON SW1W 9SZ [www.cqc.org.uk](http://www.cqc.org.uk)

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