

## What if I know I don't want to be resuscitated?

If you don't want CPR you can refuse it and your health care team must respect your wishes. You can talk to your doctor or nurse about this. They can also give you advice on making a legally binding Advance Decision to Refuse Treatment (an ADRT).

## How will people know if a resuscitation decision has been made?

A DNACPR or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form will be completed and discussed with you. This tells everyone who looks after you that a decision has been made.

This form will be needed if you are admitted to hospice or hospital, or if you travel by ambulance. At home, it needs to be kept safe so that your healthcare team can see it if needed.

## What happens if my situation changes?

If your health condition changes, or you change your mind, any decisions and your DNACPR or ReSPECT form can be reviewed. A DNACPR decision can apply until the end of your life.

## What about other medical treatments?

A DNACPR decision will NOT affect any of your other medical treatment. You will still receive the best care and treatment for your condition.

### Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email [lch.pet@nhs.net](mailto:lch.pet@nhs.net)

**We can make this information available in Braille, large print, audio or other languages on request.**

[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

# What happens if my heart stops?



## Information for patients and carers

This leaflet aims to help you understand what happens when your heart stops beating, what cardio-pulmonary resuscitation (CPR) involves and when it may not be helpful.

It may be upsetting to talk about resuscitation and this leaflet tries to explain the issues as clearly and sensitively as possible.

## Why is it important to talk about Cardiopulmonary Resuscitation (CPR)?

Cardiopulmonary Resuscitation (CPR) will give some individuals the chance of recovery to a length and quality of life that they value. Making your wishes known in advance helps to ensure that CPR is started straight away in those who might benefit and would want it, and that CPR is not attempted in those who would not want it or would not benefit from it.

Resuscitation might be only one part of your future care that you wish to discuss with your healthcare team. You may also wish to talk about other things that are important to you such as where you are cared for, medical treatments and who you would want to be involved in discussions about your care. Your healthcare team can provide more information if that would be helpful.

## What is CPR?

Cardiopulmonary resuscitation (CPR) is an emergency intervention that tries to restart the heart and breathing if they stop. It can involve pressing on the chest, and using a mask to aid breathing and a machine to give your heart an electric shock to make it start working again.



**If CPR is attempted at home, an ambulance must be called to take you to hospital.**

## Why shouldn't everyone be resuscitated?

CPR is by no means always successful in restarting the heart and breathing. When the heart stops as part of the natural process of dying CPR doesn't prevent death. For some people CPR can prolong dying or prolong suffering in the last moments of their life. Because of this many people choose not to receive CPR and to allow a natural and peaceful death when they are approaching the end of their life. Health professionals will not want to attempt CPR when it will not prevent a person's death and could do them harm.

## Do people fully recover after CPR?

Each person has a different chance of CPR working. Only about 2 out of 10 people who have CPR survive and go home from hospital. Survival is less likely in people with lots of health problems. If CPR starts the heart again, people usually need more treatment afterwards, often in an intensive care unit. Some never get fully better and suffer from mental or physical disabilities.

## Who can discuss CPR with me?

You might want to talk about your preferences for your future care and what happens when you die, or you might have questions about CPR and other treatments. You can talk with your healthcare team about this.

## What if I don't want to talk about any of this?

Some people find these kinds of discussion distressing or frightening. If you don't want to discuss these matters, for whatever reason, that's fine. Tell your healthcare team and they will support you and if necessary make decisions for you when they are needed. They can discuss this with you in the future should you change your mind.

## Can my family decide for me?

If you want to, you can involve your family, friends or carers in helping you to make the decision that is right for you. If you are not well enough to make shared decisions with your healthcare team, they have to make decisions that are in your best interests. They will usually talk to your family or other carers to help them to do this, unless you have asked them not to. However, your family and other carers will not be asked to make decisions for you unless they have been given specific legal authority to do so (for example with a Lasting Power of Attorney).

## What does DNACPR mean?

If CPR is unlikely to be successful your health care team will decide not to attempt it when your heart stops. **This is a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) decision.**

You have a right to be involved when a DNACPR decision has been made, unless telling you would be harmful to you.

## What if I want CPR to be attempted?

If it will be of benefit to you, health care professionals will not refuse your wish for CPR. However, you cannot insist on having a treatment that will not work. If there is any doubt that CPR would work, the healthcare team can arrange a second opinion if you would like one. If CPR might work, but it is likely to leave you severely ill or disabled, your opinion about whether the chances are worth taking is very important.