

Significant Neurological Disability Definitions



Purpose

This document serves as guide for understanding “significant neurological disability” in the context of the Honoring Choices PNW CPR Guide.

Definitions

A “significant neurological disability” ranges from moderate brain damage (CPC 2) to a coma or vegetative state (CPC 4). Research shows most people—almost 72%—who survive in-hospital CPR have good neurologic outcomes (CPC 1). Just over 28% were judged to have “significant neurologic disability” (CPC 2, 3 or 4). 10.7% were judged to have “severe neurologic disability” (CPC 3 or 4). The categories are described in greater detail below

Cerebral Performance Categories (CPC) Scale

71.9%	CPC 1	Good cerebral performance. Conscious. Alert, able to work and lead a normal life. May have minor psychologic or neurologic deficits (mild dysphasia, non-incapacitating hemiparesis, or minor cranial nerve abnormalities)
	CPC 2	Moderate cerebral disability. Conscious. Sufficient cerebral function for part-time work in sheltered environment or independent activities of daily life (dress, travel by public transportation, food preparation). May have hemiplegia, seizures, ataxia, dysarthria, or permanent memory or mental changes.
28.1%	CPC 3	Severe cerebral disability. Conscious. Dependent on others for daily support (in an institution or at home with exceptional family effort). Has at least limited cognition. This category includes a wide range of cerebral abnormalities, from patients who are ambulatory but have severe memory disturbances or dementia precluding independent existence, to those who are paralyzed and can communicate only with their eyes, as in the “locked in” syndrome.
	CPC 4	Coma or vegetative state. Unconscious. Unaware of surroundings, no cognition. No verbal and/or psychologic interaction with environment.
10.7%	CPC 5	Brain dead. Circulation preserved. Apnea, areflexia, EEG silence, etc.

Sources

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3517894/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3138855/>

Remember when discussing CPR

- Ask permission first
- Present information without bias
- Explore the person’s view of risks/ benefits and acceptable/unacceptable outcomes
- Tie in previously stated values and beliefs
- Refer to provider for personal assessment