

Making Choices[®]

CPR Facts



What you should know

This guide provides information about CPR (cardiopulmonary resuscitation) and how well it may work. You will need to talk with your doctors about what you might expect.

CPR has side effects that you should know about before you make a decision. Age and health make a difference. The doctor who knows you best can help you make your decision.

What is CPR?

CPR is an emergency procedure to try to restart your heart and breathing if they stop. CPR can include:

- pressing on your chest,
- mouth-to-mouth breathing or a tube to help get oxygen into your body, and/or
- electrical shock and medicines.



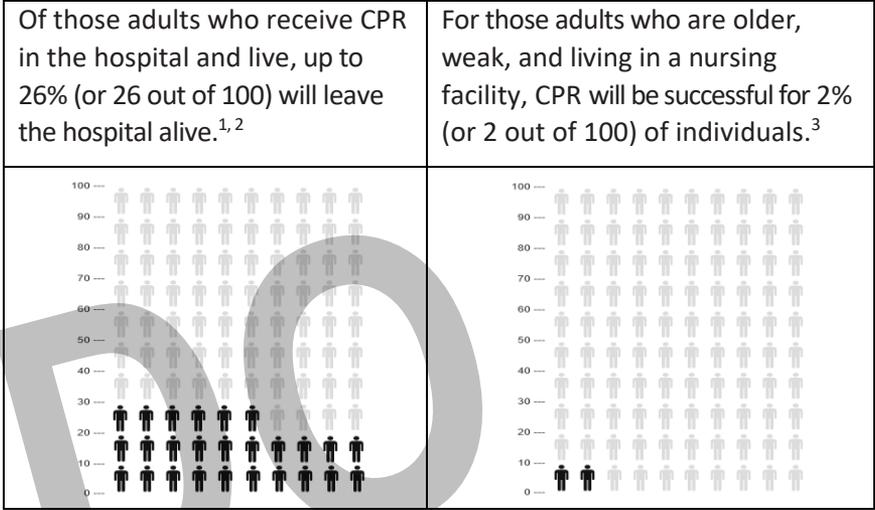
Will CPR work for you?

Talk with your doctor about how well CPR would work for you. Some things to consider:

- CPR works best if you are healthy and CPR is started immediately after your heart and breathing stops.
- CPR is less likely to be successful if you are older, weak, or living in a nursing facility.
- CPR does not fix or improve the reason that caused a person's heart and breathing to stop.

The success of CPR

By “success,” we mean living through CPR and being able to leave the hospital.



What can happen after CPR?

- If you receive CPR outside of the hospital, it requires transfer to a hospital to receive ventilator (breathing) support and care in an ICU (intensive care unit).
- If you survive, you may return to your current health, *or* you may have a decline in your physical or mental function.

Talk with your doctor about what you might expect.

Making a decision about CPR

What outcomes would you expect if CPR was started? What would your goals be?

If you want to try CPR, talk with your doctor about what results you might expect.

If you do not want to try CPR, talk to your doctor about how to document your decision by creating a medical order. Whatever you decide, you will always be offered appropriate care and make other healthcare decisions.

Tell your doctor and healthcare agent about your decision.

Questions I have for my doctor after reviewing this CPR information:

1. Girotra, S., Nallamothu, B. K., Spertus, J. A., Li, Y., Krumholz, H. M., & Chan, P. S. (2012). Trends in survival after in-hospital cardiac arrest. *New England Journal of Medicine*, 367:1912-20. doi:10.1056/NEJMoa1109148

2. Benjamin, E. J., Virani, S. S., Callaway, C. W., Chamberlain, A. M., Chang, A. R., Cheng, S., . . . Stroke Statistics Subcommittee. (2018). Heart Disease and Stroke Statistics-2018 Update: A Report from the American Heart Association. *Circulation*, 137(12), e67-e492. doi:10.1161/CIR.0000000000000558 [Cardiac Arrest information on pages e355-372]

3. Shah, M. N., Fairbanks, R. J., Lerner, E. B. (2007). Cardiac arrests in skilled nursing facilities: continuing room for improvement? *J Am Med Dir Assoc*. 8(3 Suppl 2): e27-31.