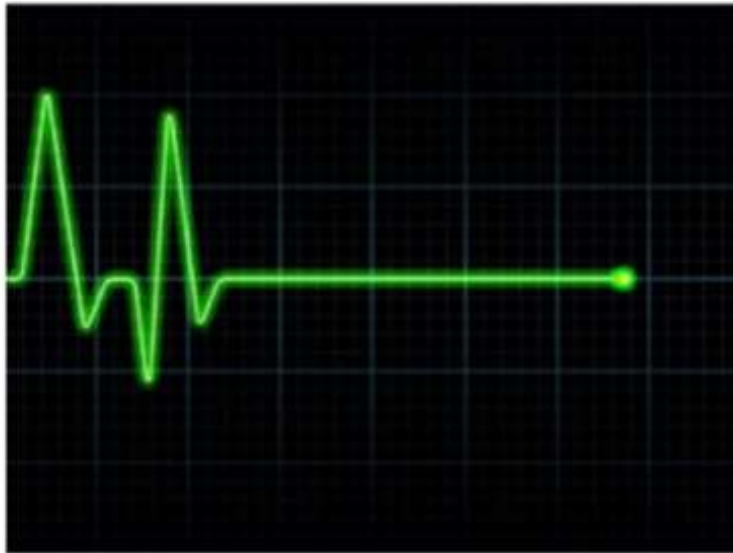


What happens...



...if my heart stops ?

**An information leaflet**



What is Cardio-Pulmonary Resuscitation (CPR)?

How will you know if it is relevant to you or your relative?

How are decisions made?



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



You do not have to discuss resuscitation if you do not want to. However your healthcare team is available if you change your mind.

### Why do people die?



It's sad, but everybody dies.

We are born, we get older, and hopefully after a full life, we die.

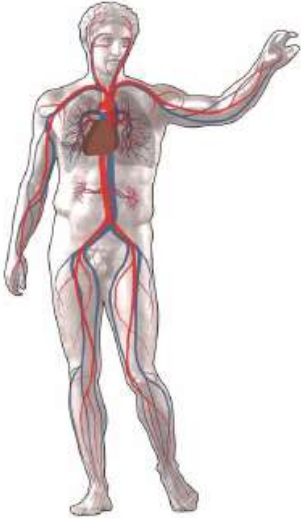
Thinking about dying usually makes us sad, and perhaps a bit frightened.

It's not something we like to talk about. We think "if we talk about it, it will happen".





We may die from an accident, or a serious illness that we can't recover from. It might be from old age, but in the end, our heart stops beating and we die.

## What happens when my heart stops beating?

	<p>When you die your heart stops beating.</p> <p>No blood gets pumped round your body, so very quickly the rest of your body stops working.</p> <p>Your kidneys, your liver, your lungs all stop working.</p> <p>Your brain will stop working about three minutes after your heart stops beating.</p>
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## What is Cardiopulmonary Resuscitation (CPR)?

	<p>If your heart stops beating it <b>may</b> be possible to start it beating again.</p> <p>Attempts to restart your heart will include pressing down firmly on your chest again and again, and breathing for you.</p> <p>This is called cardiopulmonary resuscitation (CPR).</p>
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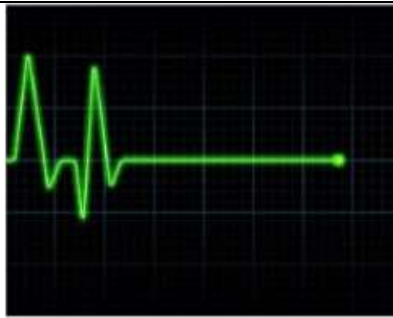
	<p>Ambulance or hospital staff might use a machine to give your heart an electric shock to make it start working again.</p> <p>They may put a tube down your windpipe to help you breathe, or give you drugs to help your heart start.</p>
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## Do patients fully recover after CPR?



Each person has a different chance of CPR working. Only about 2 out of 10 patients who have CPR survive and go home from hospital; the figures are much lower for patients who are already ill.

Patients who are successfully resuscitated are usually very sick and need more treatment, often in an intensive care unit. Some patients never get fully better and suffer from mental or physical disabilities.



The decision to attempt CPR has nothing to do with how old you are or your abilities. It is about whether or not the treatment will help you.

Your doctor is the best person to decide if CPR is likely to work.

CPR will not be attempted if it will only start your heart and breathing for a short time, or if it would prolong your suffering.

## Will someone discuss CPR with me?



You might want to talk about CPR and what happens next. You may want to include your family, friends, and carers.

The healthcare team will want to know what you understand about CPR. You have a right to be told if a decision has been made not to attempt CPR if your heart stops, unless telling you would be harmful.

### What if I don't want to or am unable to talk about this myself?

You can appoint someone to have power of attorney for your health. This person is then allowed to speak on your behalf if you can't do this yourself. If you have not chosen someone to do this for you, then the healthcare professionals in charge of your care will make a best interests decision about what is best for you. Wherever possible they will discuss this with your family, friends, and carers.

## What if I want CPR to be attempted?



You cannot insist on having a treatment that will not work. Health care professionals will not offer treatment that will be degrading or cause harm.

No healthcare professional would refuse your wish for CPR if there was any real chance it will be of benefit.

If there is any doubt that CPR would work, the healthcare team will arrange for a second medical 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.

The healthcare team must and will listen to your opinions.

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



If you don't want CPR you can refuse it and your healthcare team must follow your wishes.

You can make an advance decision to refuse treatment, but you must make sure your healthcare team knows about it.

## If it is decided CPR will not be attempted, what will happen next?

If you do not want CPR, or if your doctor decides that it will not work for you, a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form will be completed and discussed with you.

It tells everyone who looks after you that this decision has been made.

There is only one copy of the form.

The form will go with you if you go in an ambulance, go home or into a hospital or care setting. Then everyone knows what to do if your heart stops.

## What happens if my situation changes?




Your DNACPR form will state when the decision should be reviewed. If your situation changes, the decision can be reviewed.




Your healthcare team will be happy to talk with you about any changes.


**Can I see what is written about me?**

	<p>You can ask to see what is written about you.</p> <p>You have a legal right to see what is written about you.</p> <p>If you do not understand what is written, your health care team will explain it to you.</p>
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**What about other treatments?**

	<p>If doctors decide not to attempt CPR, this will NOT affect any of your other treatment.</p> <p>You will still receive the best care and medicines for your condition.</p>
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**Who else can I talk to about this?**

	<p>If you or your family do not think that you have had a chance to talk about this properly, please talk to a nurse or doctor looking after you.</p> <p>If you don't want to talk about it at all, that's fine too.</p> <p>There are people to listen if and when you do:</p> <ul style="list-style-type: none"><li>Your family, friends and carers</li><li>A hospital chaplain, or someone from your own faith community</li><li>An advocacy service</li><li>Community nursing teams</li><li>Palliative care teams</li><li>Your GP</li><li>Your District Nurse.</li></ul>
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This leaflet has been adapted from an original collaboration between The Bradford and Airedale Palliative Care Managed Clinical Network for People with Learning Disabilities and **btm**'s Access to Information for Minorities (AIM) Project.

The Yorkshire and Humber DNACPR Regional Working Group gratefully acknowledges the work of these groups.

### **References and further reading**

The Bradford and Airedale Palliative Care Managed Clinical Network for People with Learning Disabilities. Telephone: 01274 323511  
[www.palliativecare.bradford.nhs.uk/CoordinationService](http://www.palliativecare.bradford.nhs.uk/CoordinationService)

**btm**, 11 – 12 Eldon Place, Bradford BD1 3AZ. Tel. 01274 848150  
[www.btm.org.uk](http://www.btm.org.uk)

Decisions relating to cardiopulmonary resuscitation – RCN, Resuscitation Council (UK), BMA 3<sup>rd</sup> edition 2014

Deciding right, your life your choice. NHS England Northern Clinical Networks and Senate - April 2014