

# CPR and Advance Care Planning: What You Need To Know

Advances in medicine and technology have allowed people to live longer. For some, living as long as possible is most important.

For some, being comfortable and aging or dying naturally is most important. For others, quality of life is the goal rather than living longer.

Thoughtful planning and talking with your loved ones and doctor(s) will help you better understand your options.

Talking and planning are best done when you are feeling well and can make decisions yourself. Talk with your loved ones and your health care team about your values and wishes.

Use the following information to help you make decisions about cardiopulmonary resuscitation.

## **Cardiopulmonary Resuscitation (CPR)**

Cardiopulmonary resuscitation (CPR) is a treatment used to attempt to restore breathing and/or heart rhythm if they have stopped.

CPR uses rescue breathing (someone breathing into your mouth) and chest compressions (someone pressing on your chest) to try to revive you.

In addition, you may need medicines and electrical shock to the heart delivered from a defibrillator (machine).

CPR is an emergency procedure.

## **Chances of Survival After CPR**

Your chances of survival after CPR depend on your health. Whether you choose to have CPR or not, it is important to know the facts so you can make an informed choice. Your doctor will recommend what's best for you based on your situation.

In general, 15 percent or fewer of patients who have cardiac arrest (heart stops beating) in the hospital will survive and leave the hospital (discharge).

Studies have shown that survival rates among patients who had CPR in the hospital include:

- 44 percent of patients survive 20 minutes after CPR is given
- less than 7 percent of patients who have widespread cancer survive to discharge
- 14 percent of patients who have kidney disease survive to discharge.

In general, patients with a long-term illness in the hospital who have cardiac arrest and survive are at a high risk for permanent brain damage and functional impairment.

People who are most likely to survive CPR (21 percent survival) are:

- people who have an abnormal heart rhythm
- people who have a respiratory arrest only
- people who are generally healthy (no serious medical problems).

*(over)*

People who are least likely to survive CPR (less than 2 percent survival) are:

- people who have one or two medical problems
- people who are frail and elderly
- people who are dependent upon others for care
- people who have a long-term or terminal illness.

## Risks of CPR

Successful CPR may keep you alive longer but it may also cause injury to your body. Risks include broken rib(s), collapsed lung, punctured spleen, and the need for more medical care (such as life support).

## CPR May Not Be Right for You

With a life-ending illness, CPR may not be right for you. If the goal of your care is comfort, CPR will not provide comfort.

If you choose not to have CPR while you are in the hospital, your doctor will write an order in your chart that says no attempt will be made to restart your heart or breathing if you die.

You **will** still receive care while you are in the hospital to make you comfortable.

Your doctor can give you a form called Physician Orders for Life-Sustaining Treatment (POLST) to fill out and keep at home so you have your wishes in writing.

## If Your Doctor Doesn't Think CPR is Right for You

Guilt and fear may cause you or your loved ones to want CPR. But it's important to know that CPR is not a guarantee nor does it improve health.

Less than 5 percent of older adults (elderly) with serious illness who have CPR survive to leave the hospital.

Your doctor can tell you and your loved ones when death is coming and when you no longer need to keep "fighting." Accepting death is different for each family.

Your doctor wants to provide the best care possible for you. For this reason, he or she may not recommend CPR for you.

The decision not to request CPR is difficult. Your health care team will answer all of your questions. If you decide you do not want CPR, you will receive important end-of-life care.

## Adapted from:

- David H. Ramenofsky and David E. Weissman, MD, "CPR Survival in the Hospital Setting." *Fast Facts and Concepts*. April 2007; 170. Available at: [eperc.mcw.edu/fastFact/ff\\_179.htm](http://eperc.mcw.edu/fastFact/ff_179.htm).
- Charles F. von Gunten, MD, PhD, and David E. Weissman, MD, "DNR Orders in the Hospital — Part 1." *Fast Facts and Concepts*. July 2005; 23. Available at: [eperc.mcw.edu/fastFact/ff\\_023.htm](http://eperc.mcw.edu/fastFact/ff_023.htm).
- Charles F. von Gunten, MD, PhD, and David E. Weissman, MD, "DNR Orders in the Hospital — Part 2." *Fast Facts and Concepts*. July 2005; 24; 2. Available at: [eperc.mcw.edu/fastFact/ff\\_024.htm](http://eperc.mcw.edu/fastFact/ff_024.htm).