What happens if I am unhappy with the CPR decision?
We recognise that discussing CPR can be difficult and distressing.
You have the right to a second opinion if you are unhappy with a CPR decision.

Where can I go for further advice and support?
If you would like more detailed advice about fatigue, please ask your Trinity nurse to refer you to our occupational therapy team or contact them direct using the email address enquiries@royaltrinityhospice.london

How to contact Trinity
Royal Trinity Hospice
30 Clapham Common North Side
London SW4 0RN
Call: 020 7787 1000
Email: enquiries@royaltrinityhospice.london
www.royaltrinityhospice.london
@trinityhospice
RoyalTrinityHospice
This leaflet gives you information about cardiopulmonary resuscitation (CPR) for patients, who are known to the Trinity team, as an inpatient or at home.

You, or those close to you, may find it helpful to go through this leaflet with a doctor or nurse, who will be able to answer any questions or concerns you may have.

What is CPR?
CPR is an emergency treatment used to try to restart a heart or breathing if they suddenly stop from a cardiac or respiratory arrest.

CPR does not refer to other treatments, such as antibiotics and artificial fluids. Decisions about these treatments are considered separately and are not influenced by a CPR decision.

CPR includes:
• Mouth to mouth, or mask to mouth, breathing
• Chest compressions

In certain situations a machine, known as a defibrillator, can be used to deliver an electric shock in an attempt to restart the heart. Only certain types of cardiac arrest benefit from this treatment. It is rarely helpful for people who have an advanced terminal disease.

Sudden stopping of the heart or breathing that requires CPR is very unusual for patients at the end of their lives. More commonly, the heart and breathing gradually slow down over a period of hours or days and the person becomes sleepier.

What facilities are available for CPR in Trinity’s inpatient centre?
Staff working in our inpatient centre are trained to deliver CPR.

If a decision is made that CPR may be helpful this will be performed while waiting for an emergency ambulance to take the person to hospital for further treatment.

We would also do this, if appropriate, in the event of any acute, rapid deterioration that may precede an arrest.

How successful is CPR?
CPR is most effective in people who were previously well and have the type of cardiac arrest that may respond to an electric shock.

Only 1 in 8 people (with all kinds of illness) who receive CPR in a hospital, with all available facilities, will recover enough to leave the hospital. Ref: Ebell et al (1998) Survival after Hospital CPR. J General Medicine, 13:805-16.

Only 1 in 100 people with advanced illness, such as cancer or severe heart failure, who receive CPR in a hospital, will recover enough to leave the hospital. Ref: Tunstall-Pedoe H et al (1992) Cardiopulmonary resuscitation in British Hospitals. British Medical J. 304: 1347-51.

What are the side effects or complications after CPR?
CPR can sometimes cause broken ribs or internal bleeding.

If people survive CPR they may be left with complications such as brain haemorrhage.

Who is responsible for the decision?
In Trinity’s inpatient centre it is the medical consultant caring for you who has ultimate responsibility. At home this will be your GP.

The decision will be discussed with the multidisciplinary team looking after you.

You, or those close to you, (or the person you have nominated to be responsible to make health decisions on your behalf), can, if you wish, be involved in the discussions.

All decisions about CPR are made on an individual basis and are regularly reviewed.

As with all treatment offered, if the team think that CPR may help you, the benefits and disadvantages will be discussed with you.

You are entitled to decline CPR.