



This leaflet gives information about the cardio-pulmonary resuscitation (CPR) policy for inpatients at the Nelson Tasman Specialist Palliative Care Unit. You and those close to you may find it helpful to go through this leaflet with a doctor or your Care Coordinator in case you have any further questions or concerns.

What is CPR?

CPR is an emergency treatment which tries to restart a person's heart or breathing when these suddenly stop ('cardiac and/or respiratory arrest'). CPR does NOT refer to other treatments such as antibiotics or 'drips' which are treated separately.

CPR can include:

- 'Mouth to mouth' or 'mask to mouth' breathing.
- Pushing down firmly on the chest repeatedly ('chest compressions').
- *In hospitals* a tube may be put in the windpipe and a bag or a machine is used to pump oxygen into the lungs.
- Special machines known as defibrillators may also be used to deliver electric shocks to the heart – *only certain types of cardiac arrest respond to defibrillators.*

What facilities for CPR are available in the SPCU?

Sudden, unexpected stoppage of the heart and breathing requiring CPR is very unusual in hospice patients; more commonly the person becomes sleeper and the heart and breathing slow down gradually over a period of days.

As a result, the Nelson Tasman Hospice does not have defibrillators and breathing machines because they are very unlikely to help our patients. However, our staff are trained in chest compressions (and 'mask to mouth' if appropriate) to cover the very rare

situations when patients might benefit from an attempt at CPR. In this situation a '111' ambulance will also be called.

How successful is CPR?

Sometimes the media present CPR as being very successful.

CPR usually only works in certain situations; people who were previously well and who have specific types of cardiac arrest are much more likely to respond to treatment.

Only one in eight people (with all kinds of illness) who receive CPR in a hospital with all the available facilities will recover enough to leave hospital.

In people with very serious, advanced illnesses (for example advanced cancer or severe heart or lung disease) only one person in a hundred who receives CPR in the hospital are expected to recover enough to leave hospital. In the community, success of CPR is negligible.

Are there complications or side effects after CPR?

CPR can sometimes cause broken ribs and internal bleeding.

Even if people survive after CPR, 30-50% may be left with additional medical complications such as brain damage.

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Who is responsible for the decision?

The ultimate responsibility for the decision usually rests with the senior doctor caring for you.

At home this will usually be your GP. On hospice premises, this will usually be the medical officer responsible for your care, but occasionally the senior nurse.

The medical and nursing team will always consider whether CPR is appropriate for people under the care of the Nelson Tasman Hospice. For most patients, CPR is inappropriate, but the team will have considered the matter carefully for every patient.

Decisions are reviewed by the clinical team looking after you.

Although you, your family and/or 'healthcare proxy' may be consulted as appropriate, the ultimate decision about whether to offer CPR as a medical treatment is a clinical one.

Who can I talk to about CPR?

We recognise that discussing whether or not to have CPR can be difficult and distressing.

If the clinical team feels CPR may benefit you, we will sensitively explore to pros and cons with you before making the final decision. If CPR is unlikely to benefit you, we will not routinely discuss it with you or people close to you. However, if you wish to discuss your individual situation further, a doctor or nurse will be happy to do so.

How are discussions recorded?

Patients will have a CPR decision recorded in their medical notes on admission to the Nelson Tasman SPCU.

"I've heard of people who are 'not resuscitated' who are abandoned and not given any treatment at all. Will this happen to me?"

Definitely not. Our emphasis at all times will be ensuring your comfort and dignity. If we feel that antibiotics or 'drips' may help you, we will discuss these with you in the usual way.

Recording your wishes

Some people decide to record their wishes to refuse certain treatments in an 'Advance Care Plan'. If you wish to decline CPR in such a statement you will need to sign it and have your signature witnessed. Your doctor or nurse will be happy to discuss completing as 'Advance Care Plan' with you.

References: St Christopher's Hospice, London, UK