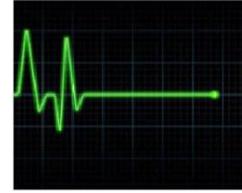


Resuscitation Team

What happens....if my heart stops?

March 2016

Great Staff – Great Care – Great Future



INTRODUCTION

This leaflet has been produced to help you understand what happens when your heart stops beating, how cardiopulmonary resuscitation (CPR) can be used and when it may not be helpful.

It may be upsetting to talk about resuscitation. This leaflet 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?

Everybody dies.

Death might be due to an accident or a sudden event. Most people die from serious illnesses, which they have had for many months or even years.

It may be something you do not want to think about. Often though, talking with your family or with your doctor or nurse and making plans for that time can make things as easy as possible for you and for those close to you.

What happens when my heart stops beating?

When you die your heart stops beating.

No blood gets pumped round your body, so very quickly the rest of your body stops working. Your kidneys, your liver, your lungs and your brain all stop working.

WHAT IS CARDIOPULMONARY RESUSCITATION (CPR)

If your heart stops beating, it may be possible to start it beating again. Attempts to restart your heart will include pressing down firmly on your chest again and again and breathing for you.

Ambulance or hospital staff might use a machine to give your heart an electric shock to make it start working again. They may put a tube down your windpipe to help you breathe. They may also give your drugs to help your heart start. This is called cardiopulmonary resuscitation (CPR).

DO PEOPLE RECOVER FULLY AFTER CPR?

Each person has a different chance of CPR working. Only about 2 out of 10 people who have CPR survive and go home from hospital. Survival is less likely in people with lots of health problems.

Even if CPR starts the heart again, people usually need more treatment afterwards, often in an intensive care unit. Some never get better fully 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.

Will someone discuss CPR with me?

You might want to talk about what happens when you die, or you might have questions about CPR. You can always talk with your doctor or nurse about this.

What does DNACPR mean?

Your doctor is the best person to decide if CPR is likely to help. CPR will not be attempted if it will start your heart and breathing for only a short time, or if it will prolong your suffering.

Your health problems might mean that CPR cannot help and your health care team will decide not to attempt it when your heart stops. This is a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision.

You have a right to be told that a DNACPR decision has been made, unless telling you would be harmful to you.

What if I do not want to, or I am unable to talk about his myself?

You can appoint someone to have power of attorney for your health. This person is then allowed to speak on your behalf when you cannot do this yourself. If you cannot talk for your yourself or do not wish to, the doctors and nurses in charge of your care will decide what treatment is best for you (this is a best interests decision). Wherever possible, they will discuss this with those close to you.

What if I want CPR to be attempted?

If it will be of benefit to you, healthcare professionals will not refuse your wish for CPR. However, you cannot insist on having a treatment that will not work. Doctors and nurses will not offer treatment that will be degrading or cause harm.

If there is any doubt that CPR would work, the healthcare team can arrange a second 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 opinion.

WHAT IF I KNOW I DO NOT WANT TO BE RESUSCITATED?

If you do not want CPR you can refuse it and your healthcare team must respect your wishes. You can talk to your doctor or nurse about this.

They can also give you advice on making a legally binding Advance Decision to Refuse Treatment (an ADRT)

How will people know about a DNACPR decision?

If you do not want CPR, or if your doctor decides that it will not work for you, a 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 form which will be needed if you are admitted to a hospice or hospital or if you travel by ambulance. At home, it needs to be kept safe so that doctors, nurses or ambulance crew can see it if needed.

What happens if my situation changes?

Your DNACPR form will state when the decision should be reviewed. If your health condition changes, the decision can be reviewed. Your healthcare team will be happy to discuss any changes with you.

Can I see what is written about me?

You have a legal right to see what is written about you and can ask to do so. If you do not understand what is written, your healthcare team can explain it to you.

What about other medical treatments?

A DNACPR decision will NOT affect any of your other medical treatment. You will still receive the best care and treatment for your condition.

WHO ELSE CAN I TALK TO ABOUT THIS?

There are lots of people you can talk to, for example:

- Your family, friends and carers
- A nurse or doctor looking after you
- A hospital chaplain, or someone from your own faith community
- An advocacy service.

If you do not want to talk about it at all, that is fine too.

*This leaflet has been adapted from an original collaboration between the Learning Disabilities Group of the Bradford and Airedale Palliative Care Managed Clinical Network and **btm**.*

Access to Information for Minorities (AIM) Project.

The Yorkshire and Humber DNACPR Regional Working Group gratefully acknowledges the work of these groups. Chair of the group: Dr Mary Kiely, Consultant in Palliative Medicine, Huddersfield Royal Infirmary.

References and further reading:

btm, 11-12 Eldon Place, Bradford BD1 3AZ. Tel: (01274 848150)
www.btm.org.uk

Decisions relating to cardiopulmonary resuscitation – RCN, Resuscitation Council (UK), BMA 3rd edition 2014.
Deciding right, your life your choice. NHS England Northern Clinical Networks and Senate – April 2014.

INFORMATION ABOUT YOU

We collect and use your information to provide you with care and treatment. As part of your care, your information will be shared between members of the healthcare team, some of whom you may not meet. Your information may also be used to help train staff, to check the quality of our care, to manage and plan the health service and to help with research. Wherever possible we use anonymous data.

We may pass on relevant information to other health organisations that provide you with care. All information is treated as strictly confidential and is not given to anyone who does not need it. If you have any concerns please ask your doctor, or the person caring for you.

Under the Data Protection Act (1998) we are responsible for maintaining the confidentiality of any information we hold about you. For further information visit <http://www.hey.nhs.uk/Patients/confidential-information-about-you.htm>

This leaflet was produced by the Resuscitation Team, Hull and East Yorkshire Hospitals NHS Trust and will be reviewed in March 2019

Ref: (Supplied by Clinical Governance Directorate Ratification group)