

What is CPR?

CPR is an attempt to re-start the heart when someone:

- has stopped breathing and the heart stops beating, or
- has a type of heartbeat that leads to no pulse and death.

What does CPR look like?

You may have seen CPR on television. TV often makes CPR look quick and easy. But it is not.

- The chest is pushed in two inches 100 times each minute.
- A special mask and bag are placed over the mouth to pump air into the lungs.
- A breathing tube may be placed into the trachea (windpipe).
- Electrical shocks may be given to the chest.
- A tube may be placed in a vein to deliver medication.

If the person lives through CPR:

- they are often placed on a ventilator.
- at this time, most people are not awake and cannot talk.



How often does CPR work?

Studies show that about 15% of all people who have CPR live through it.

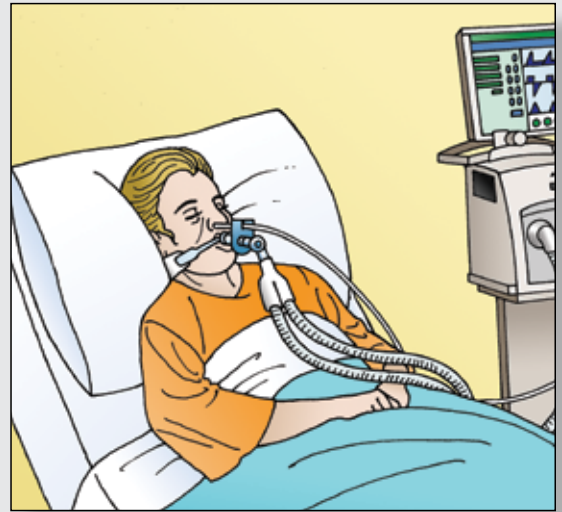
- This means for every 100 people given CPR, 15 people will live and 85 will die.
- If you have CPR in a hospital, your chance of living through it is about 20%.

How well CPR will work for each person depends on:

- the reason the heart stopped.
- how healthy or sick the person was before the heart stopped.
- how long the heart has been stopped before CPR is started.

What medical problems may happen from CPR?

- 50% (half) of people will have brain damage that will never get better.
- 97% (almost all) will have ribs broken.
- 43% will get breastbone fractures.
- 59% will have bruising to the chest.
- 30% will get burns on the skin from shocks.
- Other problems may include:
 - » lung damage and bleeding in the chest.
 - » damage to the windpipe or esophagus.
 - » damage to lips and teeth from the breathing mask and tube.



Who is MOST likely to live after CPR?

CPR works better for people who:

- are young and fit.
- have no major health problems.
- have CPR started within a few minutes after the heart stops.
- have the type of heartbeat that responds to shocks (not all do).

Who is LEAST likely to live after CPR?

People with late stages of cancer are less likely to live through CPR—only about 1% of these people live.

People who are older, frail, and have chronic medical illness are also less likely to live through CPR than young, healthy people.

- Older people are less likely to:
 - » have a heart that can recover and keep beating.
- Older people are more likely to:
 - » have the type of heartbeat that does NOT respond to CPR.

- » have other diseases of the heart, lungs, brain, liver, kidneys or cancer.
- » be harmed by emergency medicines if they have liver or kidney disease.
- » be slowly dying from other causes.
- CPR does not work well for some groups of older adults.
 - » Only 5% of people who are in a nursing home live after CPR, even if they have CPR in a hospital.
 - » Only 2% of people with dementia (memory loss) live after CPR.
 - » Only 1% of people with late stages of cancer live after CPR.

What happens if I decide NOT to try CPR?

CPR is only one kind of treatment. If you choose not to have CPR, you will still be able to get ALL other medical treatments that you and your doctors think are right for you.

If your heart were to stop, you would be allowed to die naturally. There are many other treatments that can be given to keep you comfortable.

How do I decide about whether or not to try CPR?

It is important to think about the risks and benefits of CPR to see if it is right for you.

Your doctors can talk with you about:

- your chances of living through CPR.
- what your life might be like after CPR.

For some people, it is most important to try to live as long as possible.

- These people may be willing to try CPR even if it causes other medical problems.

For some people, it is most important to be able to die naturally.

- These people may not be willing to try CPR.

How do you feel?



When a family member or friend is not able to make their own decisions, how do I decide if they should try CPR?

It can be hard to separate our love for someone from whether or not CPR would help them.

It is important to ask the doctors whether CPR will cause more harm than good for your loved one. It is important to think about:

- what the person has said they would want.
- how sick the person is.
- if the person is near the end of their life.
- the person's religious beliefs.

It will help to have ongoing discussions with:

- the person you are making decisions for (if possible),
- other friends and family, and
- the healthcare team.



How do I make my decisions about CPR known?

- Tell your family, friends, and your doctor about your decision.
- Write your decision on forms you can get from your doctor.
- Give copies of these forms to your family and doctors.



1331 Garden Highway, Suite 100
Sacramento, CA 95833
(916) 489-2222
CoalitionCCC.org

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