


CPR Help Decision Aid

There may be a time, due to serious illness, injury, or accident, when your heart stops beating, your heart rhythm can't sustain life, or your lungs stop working. This guide will help you figure out your ideals, goals, and priorities for care if you ever need cardiopulmonary resuscitation (CPR).

<p>What is cardiopulmonary resuscitation (CPR)?</p>	<p>In the event that your heart stops beating, your heart rhythm is one that will not sustain life, or your lungs stop working, CPR is a way for someone to try to make them work again. It is a way to try to save your life.</p>
<p>What happens during CPR?</p>	<p>During CPR, someone will:</p> <ul style="list-style-type: none"> • Press hard on your chest (in the middle of your breast bone) • Breathe into your mouth or nose • Insert a tube into your throat to help you breathe (see <i>Breathing Aid</i> guide) • Give you drugs or an electric shock to start your heart or to get your heart into a life-sustaining rhythm 
<p>When does CPR save lives?</p>	<p>Your chances of surviving CPR are best if you:</p> <ul style="list-style-type: none"> • Are otherwise healthy and have no illness. • Have been unconscious for only a few minutes. <p>Your chances of surviving CPR are reduced if you:</p> <ul style="list-style-type: none"> • Have multiple chronic health problems (sometimes called comorbidities). • Have been diagnosed with a chronic or progressive illness that is no longer treatable (MS, cancer). • Are older or weak. This can include but is not limited to: being underweight, being physically impaired, being cognitively impaired (dementia, etc.), or having a compromised immune system.
<p>What else should I know about CPR?</p>	<ol style="list-style-type: none"> 1 On average, 17 out of 100 adults survive CPR and go home. This means that 83 out of 100 do not survive. If CPR is done outside the hospital (in the community), the survival rate is lower. This number is an average but may be lower or higher depending on the other conditions that you have. 2 Other factors that decrease your chance of going home after CPR include: poor kidney function, metastatic cancer, dementia, previous problems with self-care, and sepsis (an infection that makes organs in your body not work correctly) prior to getting CPR.
<p>What are side effects of CPR?</p>	<p>Common outcomes when CPR is performed and heart and lung function is re-started:</p> <ol style="list-style-type: none"> 1 If your breathing is not “strong” enough, you will be put on a ventilator (breathing machine). (See <i>Breathing Aid</i> guide.) 2 You will be in the Intensive Care Unit (ICU). 3 You may have brain damage, broken ribs, bruising, and overall pain.

Here are some facts about CPR survival and brain outcomes in hospital patients 65 years and older

Outcome of CPR ²	All who had CPR	All who survived CPR
	42,566 total patients	6,972 surviving patients
Died	83.6%	Not applicable
No disability / brain function normal	7.9%	48.0%
Moderate to severe brain injury	8.5%	52.0%

Where did patients go after CPR and hospital time? ²	All who had CPR	All who survived CPR
	42,566 total patients	6,972 surviving patients
Died	83.6%	Not applicable
Sent home	6.2%	40.0%
Sent to rehabilitation facility	9.0%	55.0%
Went into hospice care (End of life care)	< 1%	5.0%

What happens if I decide I do not want CPR?

If you decide you do not want CPR, you are less likely to survive. You will still get the care you need to keep you comfortable. This may include oxygen, pain medicine, anxiety medicine, or other treatments. Your healthcare providers will help you, your healthcare agent, and your family plan for what you want. It is important to talk with those closest to you about your wishes and to write them down so they can be honored by your healthcare team.

Things to think about before making your choice

You may or may not want to have CPR. Think about these key ideas: Would you want CPR if you might never:

- 1 Breathe without a breathing machine (life support)?
- 2 Think like you did before CPR?
- 3 Walk on your own, or walk without a walker, cane, or assistance from others?
- 4 Recognize people you knew previously?
- 5 Feed yourself?
- 6 Be able to live on your own again, requiring that you live in a long-term care facility to get the care you would need?

What do I need to do next?

- Read this guide to learn about CPR.
- Decide if you want healthcare providers to try CPR on you if your heart stops beating, your heart rhythm can't sustain life, or your lungs stop working.
 - Tell your healthcare agent, your family (or those closest to you), and your doctor what you decided.
 - Complete an *Advance Directive* and give a copy to your doctor, your hospital, your healthcare agent, and any other person who may need to know this information.
 - Review your *Advance Directive* every year to make sure your document is correct and reflects your current wishes.

1 Saket, et al. Trends in Survival after In-Hospital Cardiac Arrest. N Engl J Med 2012;367:1912-1920
 2 Ebell MH, et al. Survival after in-hospital cardiopulmonary resuscitation: a meta-analysis. J Gen Int Med. 1998; 13(12):805-816.
 3 Gundersen Lutheran Medical Foundation, Inc. (2010). CPR Facts. gundersenhealth.org/respecting-choices

