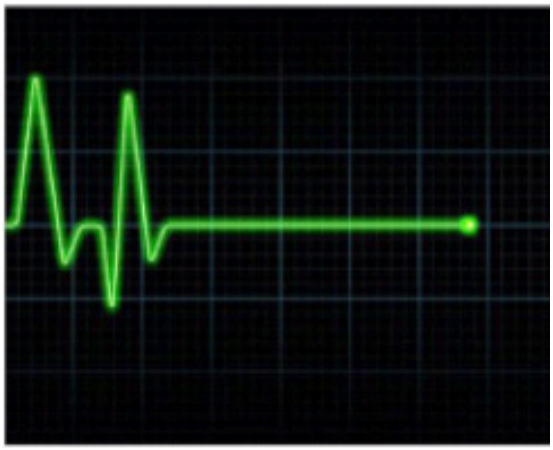
Calderdale and Huddersfield
NHS Foundation Trust

What happens ...



... if my heart stops?

An information leaflet

compassionate care

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

It may be upsetting to talk about resuscitation.

This booklet 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 health care team is available if you change your mind.

Why do people die?

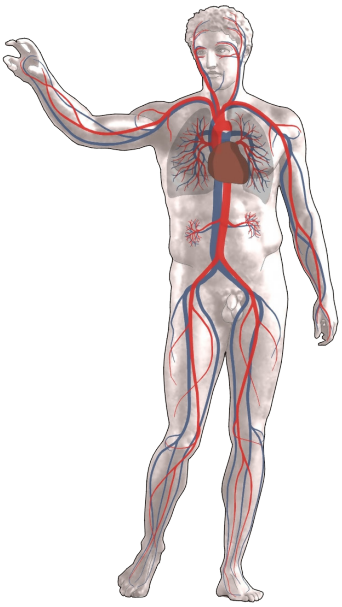
Everybody dies.



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 don't 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.

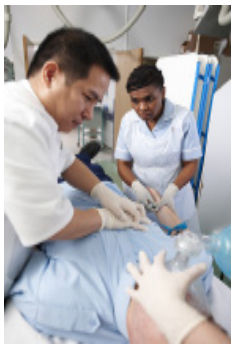
What happens when my heart stops beating?



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.

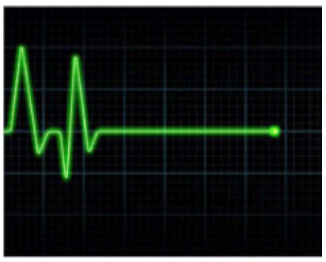


They may put a tube down your windpipe to help you breathe. They may also give you drugs to help your heart start.

This is called cardiopulmonary resuscitation (CPR).

Do people fully recover 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 fully better 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 Cardio-pulmonary resuscitation (DNACPR) decision.

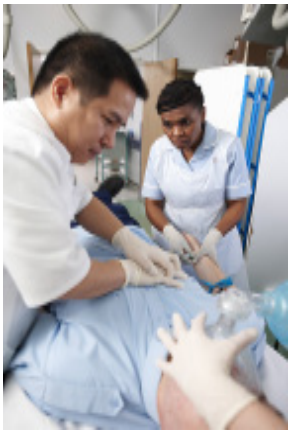
You have a right to be told that a DNACPR decision has been made, unless telling you would be harmful to you.

What if I don't want to or am unable to talk about this 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 can't do this yourself. If you cannot talk for yourself or don't 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, health care 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 health care 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 health care team must and will listen to your opinion.

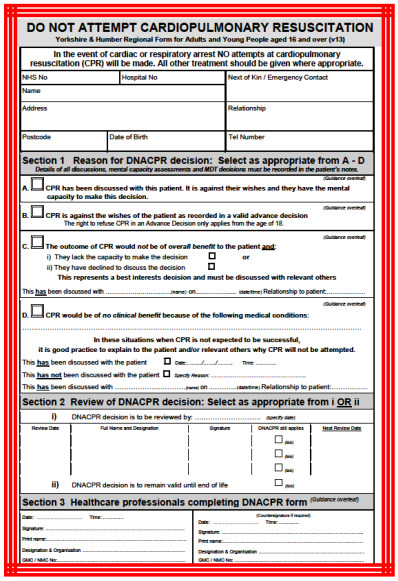
What if I know I don't want to be resuscitated?



If you don't want CPR you can refuse it and your health care 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?



DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Yorkshire & Humber Regional Form for Adults and Young People aged 16 and over (v13)

In the event of cardiac or respiratory arrest NO attempts at cardiopulmonary resuscitation (CPR) will be made. All other treatment should be given where appropriate.

NHS No | Hospital No | Next of Kin / Emergency Contact

Name

Address | Relationship

Postcode | Date of Birth | Tel Number

Section 1 Reason for DNACPR decision: Select as appropriate from A - D

Details of all discussions, mental capacity assessments and MDT decisions must be recorded in the patient's notes.

A. CPR has been discussed with this patient. It is against their wishes and they have the mental capacity to make this decision.

B. CPR is against the wishes of the patient as recorded in a valid advance decision. The right to refuse CPR in an Advance Decision only applies from the age of 18.

C. The outcome of CPR would *not* be of *overall benefit* to the patient and:
i) They lack the capacity to make the decision or
ii) They have declined to discuss the decision
This represents a best interests decision and must be discussed with relevant others

This has been discussed with ... (name) on ... (date/time) Relationship to patient: ...

D. CPR would be of *no clinical benefit* because of the following medical conditions:

In these situations when CPR is not expected to be successful, it is good practice to explain to the patient and/or relevant others why CPR will not be attempted.

This has been discussed with the patient Date: ... Time: ...

This has not been discussed with the patient Specify Reason: ...

This has been discussed with ... (name) on ... (date/time) Relationship to patient: ...

Section 2 Review of DNACPR decision: Select as appropriate from i OR ii

i) DNACPR decision is to be reviewed by: ... (specify date)

Review Date	Full Name and Designation	Signature	DNACPR still applies	Next Review Date
			(date)	
			(date)	
			(date)	

ii) DNACPR decision is to remain valid until end of life (tick)

Section 3 Healthcare professionals completing DNACPR form

Date: ... Time: ...
Signature: ...
Print name: ...
Designation & Organisation ...
GMC / NMC No: ...

(Countersignature if required)
Date: ... Time: ...
Signature: ...
Print name: ...
Designation & Organisation ...
GMC / NMC No: ...

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 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 health care 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 health care team will 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 don't want to talk about it at all, that's 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's 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

If you have any comments about this leaflet you can contact :

Your doctor or nurse

If you would like this information in another format or language contact:

Resuscitation Officers
Resuscitation Training Department
Old Ward 3
Calderdale Royal Hospital

Telephone No: 01422 223115

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obrat'te se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਬਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
براۓ مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"