What happens if my heart stops?

A Guide to Cardiopulmonary Resuscitation (CPR) Decisions

Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.
What is a cardiac arrest?
This is when your heart stops beating.

What is a respiratory arrest?
This is when you stop breathing entirely. It is usually followed very quickly by a cardiac arrest.

The brain can only survive 3 - 4 minutes if the heart does not start again. There is often lasting brain damage when the heart is restarted, even if the heart only stops for a short period of time.

What is Cardio-pulmonary resuscitation (CPR)?
CPR is an emergency treatment, which can sometimes restart the heart and breathing.

CPR can include:

- Repeatedly pushing down very firmly and vigorously (using a lot of strength and effort) on the chest.

- Giving electric shocks to the heart to try to stop abnormal electrical activity.

- Giving mouth-to-mouth breaths if someone has suffered a cardiorespiratory arrest outside of a hospital or other healthcare location.

- Inflating the lungs with oxygen using a mask over the mouth and nose or with a tube inserted into the windpipe.
Would CPR always be attempted if the heart and breathing stops?

No, CPR is used in emergencies where the heart and breathing stops suddenly, often caused by a heart attack. In these cases, it is used as an attempt to save the person’s life.

CPR should not be used in some cases. For example, if someone is coming to the end of their life because of an advanced and irreversible illness, their heart and breathing may be allowed to stop as part of the normal process of dying.

In this situation, CPR will be extremely unlikely to prevent death but would cause suffering. The process can be distressing as some of the side effects can include broken ribs and punctured lungs.

If CPR is used in the wrong situation and it does restart the heart and breathing, it can leave a dying person with more distress and pain in their final hours. For others, having CPR would take away dignity during the very last moments of their life.

For these reasons, many people choose not to receive CPR when they know that they are coming close to the end of their life. Some people make a formal decision in advance that they would not want CPR attempted and have signed a document stating this (see below).

What is the chance that I will make a full recovery following CPR?

For the vast majority of people who have a cardiorespiratory arrest, CPR will NOT be successful.

Everybody is different and your chance of recovering fully following CPR will depend on many factors.
The chance of CPR being successful will depend on:

- The reason why cardiorespiratory arrest has happened.
- What chronic health problems you have had.
- Your overall general health and physical ability.
- Where the cardiorespiratory arrest has happened.

Less than 1 out of 10 people who have a cardiac arrest outside of hospital will survive and get home.

If a person has a cardiac arrest inside a hospital, less than 1 in 4 will recover from this. The chances of survival get smaller as you get older and your health gets worse.

Even if you have always previously been healthy, a cardio-pulmonary arrest is very difficult to recover from fully and you may not return to your previous level of health. Many patients die despite having medical treatment and they may suffer life-changing disabilities afterwards.

The chance of CPR being successful are different for everyone, even between patients who have the “same” illness. Your team will consider this very carefully and explain all decisions to you or your family.

**Does it matter about my age or if I have a disability?**

No, the decision is based on how well you are currently, what your wishes are and how likely a CPR attempt is to be successful. Age or disability on its own does not influence this decision.
Will I get back to normal after CPR?

Even in the best of circumstances, very few people make a full recovery after suffering a cardiorespiratory arrest.

A person who has been resuscitated will still be extremely unwell. They will need to be cared for in either an Intensive Care, High Dependency or Coronary Care Unit.

The techniques used to start the heart and breathing sometimes cause side effects, such as bruising, fractured ribs and punctured lungs. These side effects can take a long time to recover from and may leave long-term health problems.

Most patients who have survived a cardiorespiratory arrest never get back to the mental or physical health they had before this. Some people may suffer brain damage or go into a coma.

Patients with many medical problems before the cardiorespiratory arrest are much less likely to make a full recovery.

How will the decision be made about whether I should have CPR?

This will depend on your illness and your general health

- If your heart and breathing are unlikely to stop, usually your Doctor and team will not bring up resuscitation unless you wish to discuss it

- If there is a chance that your heart and breathing will stop and that CPR might be successful, then your team will ask you your opinion and make the decision about whether you should have CPR with you.
If your Doctor and team feel CPR will not prevent your death should your heart and breathing stop, they will make a decision not to attempt CPR. They will explain the decision and the reasons for it, unless they believe that telling you will cause you psychological harm.

If CPR is thought to be the right thing to do, this will be documented in your medical notes. If CPR is decided not to be the right treatment for you, a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form will be completed for you.

**What would happen if no decision has been made?**

If no decision had been made, normally CPR would be started. After reviewing your medical records and understanding more about your individual situation, the team performing CPR would then make a decision about whether to continue and for how long CPR should be attempted.

**What would happen if I am not able to discuss my CPR decision?**

If you are unable to discuss this or other parts of your treatment due to your medical condition, these decisions can still be made.

This decision will usually be made by one of the following ways:

- You may have decided to choose someone to have these discussions and make a final decision. This is known as a “Lasting Power of Attorney”.

- A court may have appointed a “Deputy” who can act in a similar manner

Most people have neither of these. In this situation, the Doctor will discuss your situation with your family or those close to you.
If there are no friends or family to discuss this with then the team may ask an “Independent Mental Capacity Advocate” to be part of the discussion.

**Do I have to talk about CPR?**

No, you don’t have to talk about it. You can put off these discussions if you wish to. You can also ask for any family members or those close to you to be with you when these discussions are happening.

If the team decides that CPR is not appropriate and they wish to document this in your medical records, they will have to tell you. If you are unable to discuss this, they will have to speak to your family, friends or anyone else who has this responsibility as soon as possible.

**What If I want to have CPR but my Doctor and team do not feel it is right?**

It is important to know that no Doctor or team would refuse that you have CPR if it is thought that there was reasonable chance of success. The team will take the time to explain the reasons carefully to you as to why they don’t feel that this would be the right thing to do.

If you disagree, you can have a second opinion from another Consultant or team.

Ultimately, it is a medical decision and nobody can insist on having a treatment that is felt not likely to work.

**Can I decide not to have CPR?**

Some people, especially if they have a serious or incurable health problem, have thought about what treatments they may not wish to have if they became unwell.
If you have thought about this, and do not wish to have CPR, then you should speak to your Doctor. After discussion with you, they will then sign a Do Not Attempt Cardiopulmonary Resuscitation form (DNACPR).

If you want to make decisions about other treatments you would not want to have, then you can put this in writing in a form known as an Advanced Decision to Refuse Treatment (ADRT) (formerly known as a living will). This must be signed and witnessed. This is a legal document and your medical team can direct you on completing this.

The most important thing to remember if you make this decision is to ensure that your Doctor and other healthcare team members know about it and that a copy is put in your records.

You should also let your family or those close to you know about this, in case you are an unable to communicate in an emergency.

**DNACPR & Advance Care Planning**

A decision made relating to resuscitation should form part of a wider discussion known as Advance Care Planning, which is designed to enable you to plan your future care and identify your preferences.

Advance Care Planning can start in hospital with decisions about what emergency or acute care is appropriate. This should then continue in the community or your own home, with wider decisions about your ongoing care.

We use the Deciding Right approach across the North of England, to support your planning and decision-making in partnership with the health professionals involved in your care.

You can ask any health professional about this and details can be accessed at the regional website: https://www.northerncanceralliance.nhs.uk/deciding-right/deciding-right-information-for-patients-and-public/
What would happen if I changed my mind?

If you changed your mind and your Doctor and team felt that CPR was the right treatment for you, then this would be documented in your medical records and any documents like your ADRT would be changed to show this.

What happens after the decision has been made?

The Doctor or team will document in your case-notes the decisions and the reasons behind them. They will then complete a DNACPR form and a copy will be put in your medical records.

If you are in hospital when the decision is made, you will be given a copy of this form to take home with you. It is kept in a yellow envelope.

This envelope should be visible in your home so that healthcare professionals such as paramedics can access this form or any other forms that record decisions made about your healthcare.

Can this decision be changed if I get better?

Yes. If your situation changes and you get better and your Doctor or team feel that CPR would be successful, then this decision can be changed.

Will this decision affect any other treatment I receive?

No. The decision on whether or not CPR should be attempted does not relate to any other part of your care. Even if it has been decided that CPR should not be attempted, you will still receive the best possible treatment for your illness.
It does not affect whether you will receive antibiotics, oxygen, intravenous medicine or any other treatment that may help you recover, if the team feel these are right for you.

If you have any questions or concerns please speak to any member of staff involved in your care.

**Further information is available from:**

**NHS Choices**  
telephone: 111 (when it is less urgent than 999)  
Calls to this number are free from landlines and mobile phones or via the website at [www.nhs.uk](http://www.nhs.uk)

**References**

Northern Cancer Alliance, Deciding right Information for Patients and Public, Accessed 2021:  
[https://northerncanceralliance.nhs.uk/deciding-right/deciding-right-information-for-patients-and-public/](https://northerncanceralliance.nhs.uk/deciding-right/deciding-right-information-for-patients-and-public/)
This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Clinical Governance Team, North Tees and Hartlepool NHS Foundation Trust, University Hospital of North Tees or Email: nth-tr.leaflets@nhs.net

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we’re doing well or if there’s anything which we can improve, that’s why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

   Telephone: 01642 624719  
   Monday – Friday, 9.30am – 4.00pm  
   Messages can be left on the answering machine and will be picked up throughout the day.

   Freephone: 0800 092 0084  
   Email: nth-tr.PatientExperience@nhs.net

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

   Telephone: 01642 617617  
   24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 9.30am – 4.00pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection, Caldicott and Disclosure Policy (IG5) in accordance with the Data Protection Legislation (General Data Protection Regulations and Data Protection Act 2018) and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

   Telephone: 01642 383551 or Email: nth-tr.infogov@nhs.net

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