RUNNYMEDE HEALTHCARE CENTRE



CPR: Cardiopulmonary Resuscitation

A Decision Guide for Patients & Substitute Decision Makers

*This guide provides general information about the current law in this subject area. However, legal information is not the same as legal advice, where legal advice is the application of law to an individual's specific circumstances. Although we have tried to make sure that the information in this guide is accurate and useful, we recommend that you consult a lawyer if you want professional legal advice in this subject area that is appropriate to your particular situation.

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Runnymede Healthcare Centre receives funding from Ontario Health. The opinions expressed in this publication do not necessarily represent the views of Ontario Health.

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WHAT IS CPR?

Cardiopulmonary Resuscitation is an emergency procedure used when a person's heart has stopped beating effectively and they are not breathing normally.

CPR INVOLVES:

Ventilation: Air (oxygen) is pumped into the lungs through a mask. A tube may be placed into the windpipe (trachea). The person may be connected to a machine called a ventilator. A ventilator breathes for the patient.

Compressions: The heart is compressed by applying pressure to the chest. This is done to squeeze the heart and pump blood through the body. Blood carries oxygen to the organs to the body. Organs cannot survive without oxygen.

Defibrillation: A device may be used to give the heart an electrical shock. This shock tries to get the heart to beat normally again.

Medications: Medicines may be injected into a vein to help the heart beat again.

DOES CPR WORK FOR EVERYONE?

CPR is intended to keep blood and oxygen circulating temporarily until the heart can potentially be restarted or the underlying cause can be treated.

For someone with advanced illness or dementia, CPR may have a much lower chance of achieving a meaningful recovery, depending on their overall condition.

WHAT ARE THE RISKS OF CPR?

As a result of the CPR procedure, the following may occur:

- Broken ribs or breast bone
- Bruising or burns from the emergency treatment provided
- Lung injury including collapsed lungs
- Brain injury can occur from cardiac arrest

HOW DO I DECIDE ABOUT CPR?

It is important that a decision is made before this happens. Individuals should discuss their CPR status with their doctor, other members of the healthcare team and those close to them to make their wishes known.

SOME SUGGESTED QUESTIONS TO ASK YOUR DOCTOR OR NURSE...

- Do you think I may need CPR?
- Will CPR be able to restart my heart?
- What are the outcomes of CPR in people like me?
- What are the risks of CPR for people like me?
- What is the realistic likelihood of benefits?

IF YOU ARE A SUBSTITUTE DECISION MAKER...

What are the previously expressed wishes of the patient related to CPR? Is CPR in the patient's best interest? Do the possible benefits outweigh the risks?

WHAT IF I DECIDE I DON'T WANT CPR?

A decision not to have CPR will not affect any other medical treatment decisions. You will be offered all appropriate treatments for your condition. However, if your heart and breathing stop and you have decided not to receive CPR the outcome is a natural death. If you decide you do not want CPR, it is very important that you tell your doctor, and those close to you what you would want and why.

WHAT HAPPENS AT RUNNYMEDE HEALTHCARE CENTRE IF I WISH TO RECEIVE CPR AND I HAVE A CARDIAC AND RESPIRATORY ARREST?

If a patient is unable to make their own decision or when a patient is incapable of making a particular treatment decision. A substitute decision maker may be asked to make this decision on the patient's behalf. Examples of substitute decision-makers include attorney's for personal care and family members such as a spouse, child or other relatives. Substitute decision makers are required to make decisions in accordance with previously expressed wishes of patient or in the best interests of the patient if no wishes are known.

RESOURCES INCLUDE:

Your Healthcare Team:

- Doctor
- Nurse
- Ethicist
- Any other member of your interdisciplinary team