

Understanding Resuscitation

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At LHSC, our goal is to provide patients with safe, high quality and compassionate care. To ensure this, physicians will want to speak with at risk patients about resuscitation. We understand that conversations regarding resuscitation can be very difficult and stressful for you, your family and friends. To help you understand your options regarding resuscitation, this brochure explains:

- what resuscitation is
- how you will know whether it is relevant to you
- how decisions about it are made

As a patient you have the right to accept or decline treatments that are offered to you. This brochure can help you decide if resuscitation is a treatment that you would want. Talk to your doctor and others about it. Whatever you decide, you can always change your mind.

If you have questions about resuscitation, please speak with a member of your health care team (doctors, nurses and others). We also encourage you to share this brochure with family and friends.

WHAT IS RESUSCITATION?

Resuscitation describes medical interventions that are used in the event of an emergency when the patient has either no vital signs (i.e. the heart and lungs have stopped working), or is in immediate danger of dying. The goal of resuscitation is to attempt to stop or reverse the dying process.

TWO RESUSCITATION SCENARIOS

1. **Vital Signs Absent** – When someone’s heart stops beating, or lungs stop breathing, their body dies. When this occurs, healthcare professionals have only a few minutes when they can try to restart the heart by providing cardiopulmonary resuscitation (CPR) and other medical interventions.

Who should I talk to about this important decision?

You may wish to talk with those who are supportive to you in your family, or community or health care team. Within the hospital, supportive resources available to you include physicians, nurses, spiritual care providers, and social workers.

ⁱ Blinderman CD, Krakauer EL, Solomon MZ. Time to revise the approach to determining cardiopulmonary resuscitation status.

JAMA. 2012 Mar 7;307(9):917-8.

ⁱⁱ Larkin GL, Copes WS, Nathanson BH, Kaye W. Pre-resuscitation factors associated with mortality in 49,130 cases of in-hospital cardiac arrest: a report from the National Registry for Cardiopulmonary Resuscitation. Resuscitation. 2010;81(3):302-311.

ⁱⁱⁱ Reisfield GM, Wallace SK, Munsell MF, Webb FJ, Alvarez ER, Wilson GR. Survival in cancer patients undergoing in-hospital cardiopulmonary resuscitation: a meta-analysis. Resuscitation. 2006 Nov;71(2):152-60. Epub 2006 Sep 20. Review.

Frequently Asked Questions ...**How successful is attempted resuscitation?**

Resuscitation when vital signs are absent is not nearly as successful as seen on television and in the movies. There are many factors that make resuscitation more or less likely to be successful. If CPR is attempted right away it may restart your heart, but often it does not. Ask your physician how your age, and the severity of your current medical problems may affect the likely outcome of CPR.

What are some statistics on resuscitation?

- On average, 16 out of 100 people whose heart stops while in the hospital, and who have CPR within a few minutes, leave the hospital alive, often with more health problems.ⁱ
- For people who are older, have health problems or require nursing home care, the odds are worse, and those who do survive are often left with more complications.ⁱⁱ
- When patients with some form of cancer have their heart stop in hospital, on average, 6 out of 100 people will leave the hospital alive.ⁱⁱⁱ
- When patients with some form of cancer who are already in the Intensive Care Unit when their heart stops, only 2 out of 100 people, on average, leave the hospital alive.ⁱⁱⁱ

What happens when resuscitation is successful?

If a patient's heart stops, and we are able to restart it they will likely be on machines for days to weeks in the Intensive Care Unit. The patient might also have brain damage, broken ribs from the compressions, weak lungs, or other new problems, and will need time to try to get better. Very few patients are able to return home or to independent living.

- 2. Life Threatening Emergency** – In some emergencies, you may still have a pulse, or remain breathing, but require immediate interventions to try to prevent your body from dying. These may include elements of CPR, or other interventions that would still be considered resuscitation, such as intravenous medications to support the heart and blood pressure, face-mask (non-invasive) or airway (invasive) breathing machines to support the lungs, and dialysis to support the kidneys.

WHAT DOES RESUSCITATION LOOK LIKE?

Cardiopulmonary resuscitation (CPR) includes blowing air into your mouth, and putting a tube into the airway of your lungs for a machine to breathe for you. It also includes compressing or pushing on your chest very hard. Ribs are often broken from the pressure. Special medications and/or electric shocks may be used to try to get your heart to start working again. Resuscitation for Life Threatening Emergencies may include any of these interventions as well.

HOW DO STAFF DETERMINE WHETHER OR NOT TO ATTEMPT RESUSCITATION?

LHSC staff will not provide any medical intervention that we know you do not want. If you have any specific wishes about resuscitation, please discuss them with your physician.

If you are acting in the capacity of Substitute Decision Maker on behalf of the patient and are aware of their wishes about resuscitation please tell their physician.

Your physician will have a conversation about resuscitation with you if they have any concerns that you may experience a life threatening emergency during your hospital stay. This will be an opportunity to discuss your goals and wishes and answer any questions you may have before decisions are made.

If there is little reason to expect a life threatening emergency, your physician may not ask you about resuscitation.

When a resuscitation conversation has not taken place, the healthcare team will assume, unless otherwise informed, that you would want all resuscitative efforts.

EXPECTED DEATHS

When a patient's death is expected due to underlying illness, resuscitation may be medically impossible, or medically inappropriate. In these cases, attempting to re-start their heart and breathing may do more harm than good by prolonging pain or suffering.

When physicians determine that resuscitation for a patient would not be medically possible or appropriate, they will explain this to the patient or Substitute Decision Maker. If there is any disagreement, a process will be initiated to determine next steps. Before a final decision is reached, staff would attempt resuscitation if the patient suddenly died or developed a life-threatening emergency.

OTHER RESUSCITATION OPTIONS TO CONSIDER

Even if a patient prefers that CPR is not performed in the event of their vital signs absent, there are still other important choices they can make. They can decide what should be done in the event of a life threatening situation. For example, someone might wish:

- That we do everything possible in a life threatening emergency, but then stop in the event that their heart stops.
- That we do everything possible in a life threatening emergency, except putting a tube down your throat to help you breath (called intubation).
- That we only use interventions that would attempt to return them to the state of health they had prior to the

emergency. For example, antibiotics might be used to treat simple infections, but all other interventions might be considered too much.

- That we no longer use treatments aimed at prolonging their life, but only those that will provide comfort and pain relief.

There are many choices you can make to help you be comfortable and live as well as possible. Each time you are admitted to the hospital your health care team may talk to you and /or your family about your wishes for CPR and other emergency care.

MAKING DECISIONS REGARDING YOUR WISHES FOR RESUSCITATION

Be sure to ask questions. You and those people you designate have the right to ask how any treatment, including CPR, can possibly help or harm you and what results can be expected.

If you are in hospital, speak with a member of your health care team.

Take time to consider:

- What are your overall life and health goals?
- What do you enjoy in your life?
- What brings meaning or value to your life?
- What medical conditions or disabilities would make you no longer want to be alive?
- What is the likelihood you can return to your previous quality of life if you receive full resuscitation?

CHANGING YOUR WISHES ABOUT RESUSCITATION

Remember, you can always change your mind. If you do change your mind, inform the healthcare team as soon as possible.