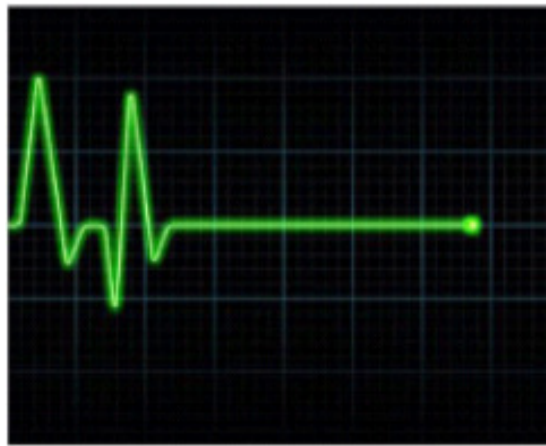


What happens ...



... if my heart stops?

An Information Leaflet

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 leaflet tries to explain the issues as clearly and sensitively as possible.

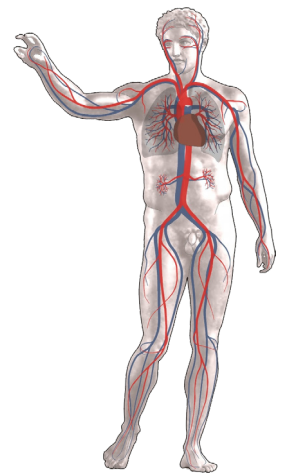
You do not have to discuss resuscitation if you do not want to. However your health care team is available if you change your mind.

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 and no blood gets pumped round your body anymore.

Very quickly the rest of your body also stops working.

Your kidneys, your liver, your lungs and your brain all stop working.

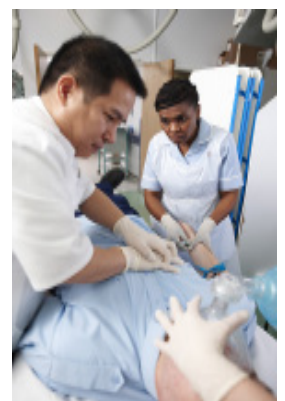
What is Cardiopulmonary Resuscitation (CPR)?

If your heart stops beating it may be possible to start it beating again in some circumstances.

Attempts to restart your heart include pressing down firmly on your chest (chest compressions) and use of a defibrillator machine if indicated to give your heart an electric shock.

Breathing may need to be supported with a tube placed into the windpipe and special drugs may be used.

These are all elements of cardiopulmonary resuscitation (CPR)

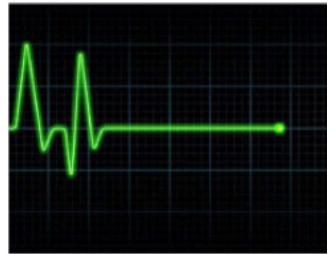


Do people fully recover after CPR?

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 and a plan can be created via a ReSPECT process.

Your doctor or specialist nurse is the best person to decide if CPR is likely to help you. 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 that CPR is not recommended for you when your heart stops. You have a right to be told that this decision has been made, unless telling you would be harmful to you.

What does ReSPECT mean?

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. It is a nationwide initiative developed by a Working Group made up of members of the public and professional organisations. The British Medical Association (BMA), Resuscitation Council UK (RCUK) and Royal College of Nursing (RCN) have each been represented on the ReSPECT Working Group and contributed to the development of ReSPECT. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Such emergencies may include death or cardiac arrest, but are not limited to those events. The process is intended to respect both patient preferences and clinical judgement. The agreed realistic clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop.

In an emergency, health or care professionals may have to make rapid decisions about your treatment, and you may not be well enough to discuss what is important to you. This plan empowers you to guide them on what treatments you would or would not want to be considered for, and to have recorded those treatments that could be important or those that would not work for you. Many treatments that can be life-sustaining for some people carry a risk of causing harm, discomfort or loss of dignity. Many people choose not to accept that risk if the likelihood of benefit from treatment is small. The ReSPECT plan is to record your preferences and agreed realistic recommendations for emergency situations, whatever stage of life you are at.

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 by completing and registering a Lasting Power of Attorney document. 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?

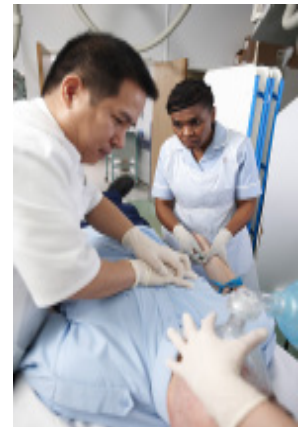
If it will be of benefit to you, health care professionals will not refuse your wish for CPR.

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 CPR not being recommended?

If you do not want CPR, or if your doctor decides that it will not work for you, a ReSPECT 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?

If your health condition changes, the decisions in your ReSPECT form 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 CPR not recommended decision will **NOT** affect any of your other medical treatment it only specifies whether a person will receive CPR or not. You will still receive appropriate treatment for your health issues and all personal care needs will be attended to.

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

The End of Life hospital based team

If you don't want to talk about it at all, that's fine too.

Further information can be found at:

- **Decisions relating to cardiopulmonary resuscitation** – RCN, Resuscitation Council UK, BMA
3rd edition (1st Revision) 2016
<https://www.resus.org.uk/library/publications/publication-decisions-relating-cardiopulmonary>
- **Advance decision to refuse treatment (living will)**
<https://www.nhs.uk/conditions/end-of-life-care/planning-ahead/advance-decision-to-refuse-treatment/>
- **Mental Capacity Act 2005**
<https://www.legislation.gov.uk/ukpga/2005/9>

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:

Your Healthcare Team

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte 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

ਬ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ کی زبان میں درکار ہوں، تو
برائے 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"