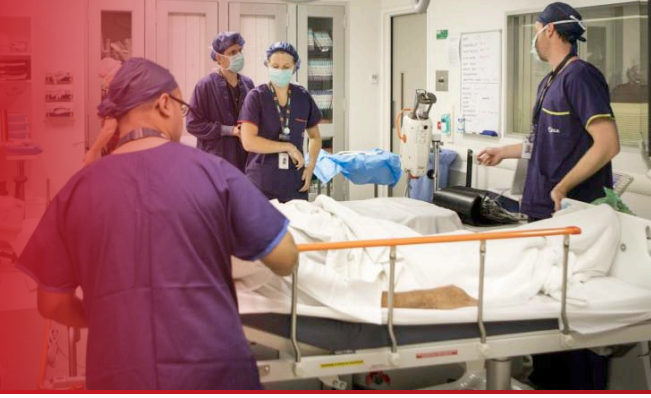
Resuscitation planning

This sheet provides information to help you and your family with conversations and decisions about resuscitation.



Cabrini values and respects life at all stages. There are, however, limits to what healthcare and modern medicine can achieve. Death cannot be eliminated; it is the natural completion of the life cycle. The care we take of those nearing the end of their life, whether expected or unexpected, is especially important and has distinct features.

Our ethic of care includes the following commitments:

- To heal and never to harm
- To relieve pain and other symptoms
- To withdraw treatments when they are futile or overly burdensome, or when someone does not want them
- To never abandon the people in our care

What is resuscitation planning?

Resuscitation planning is a conversation with your healthcare team about how you want to be treated if you become suddenly unwell with an illness that is life-threatening. Your healthcare team will provide you with information about the likely effects of treatments available. Some patients, particularly those who suffer from severe health problems or are older, prefer to avoid some of these treatments and would rather focus on comfort and being with family members, while others want to try all available treatments to keep them alive for as long as possible.

In an emergency situation you may be too unwell to be involved in decision-making about your care. If it is not discussed and written in advance, your healthcare team may provide all of these treatments.

Some treatments may be very invasive, and may not be what you want. Also, your family members may be required to make difficult decisions on your behalf and may be unsure about your preferences.

The doctors involved in your care may talk to you about resuscitation planning even if they think it is unlikely that you will need resuscitation. Doctors do not always start discussions about resuscitation planning, so it is okay for you to ask about it.

What is resuscitation?

Resuscitation includes Cardio-Pulmonary Resuscitation (CPR) as well as other forms of "life-support".

CPR is when we to try to restart a person's heart after it has stopped beating. When someone's heart stops beating, they quickly become unconscious, and probably do not experience pain. If the heart is unable to be restarted within a few minutes, the person will die.

If the decision is made to attempt CPR:

- An emergency call summons a team of healthcare professionals. They begin CPR, which may include chest compressions, electric shocks to the heart, strong medications given into a vein, and a breathing tube inserted through the mouth to allow artificial breathing.
- If the heart is successfully restarted, the patient is transferred to the Intensive Care Unit (ICU) and placed on life-support to see if they recover. Patients who do recover often need a long hospital stay.

How successful is resuscitation?

In real life, CPR is less successful than what is often shown in television programs and the media.

Research in Australia and New Zealand[1] tells us:

- The success of CPR depends on a number of factors, including the age and health of the patient and the reason their heart stopped
- For 100 people who receive CPR in hospital, 75 die, 15 return home, and 10 require ongoing care (e.g. in a nursing home)
- In older patients with chronic health problems only 6% survive to be discharged from hospital

Other forms of life-support include breathing machines and dialysis. These treatments can be uncomfortable and can only be delivered in the ICU.

The likelihood that these treatments will save your life depends mostly on your age and health. Your doctor can give you information that relates to your own situation.

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Are there side effects from resuscitation?

CPR can result in chest pain from rib fractures, and sometimes brain injuries because of lack of oxygen. These injuries may mean a person can no longer live independently at home. Severe forms of disabilities are seen in 25-50% of people who survive CPR[2].

Breathing tubes can be uncomfortable and prevent a person from being able to talk and interact with their family. Confusion is very common in ICU, and family members may find it difficult and stressful when their loved one is in ICU.

Muscle weakness is common for those who survive a period of time on life-support, and some never regain all of their strength. For some people, this will mean they cannot return to independent living.

Other things to consider

As with all medical decisions, it is important to consider your values, beliefs and experiences. It is also important that you include your family members in discussions, as they may be asked to help make decisions about your treatment.

Examples of personal values and beliefs include:

- "Even if it has only a very low chance of success, I want to try it" (risk/odds)
- "I have lived a good life and when it is my time..." (life is complete)
- "Nothing is worse than death" (fear of death)
- "I would rather die than risk surviving with a poor quality of life" (fear of "worse than death")
- "I want to see my daughter married and then I can go" (unfinished business)
- "Life is sacred" or "Death is God's will" (spiritual and religious beliefs)

Examples of personal experiences could be:

- Seeing a loved one who did not receive treatments that might have helped
- Seeing a loved one have a very peaceful death because they did not receive CPR
- Seeing a loved one receiving resuscitation and finding it very upsetting
- Knowing someone who survived because of CPR

Your decision to accept or decline any or all aspects of resuscitation does NOT mean that other medical treatments (such as antibiotics) will be withheld. Staff will always focus on helping you to stay as comfortable as possible while providing the care you need.

Possible advantages and disadvantages of CPR

CHOICE	What is involved?	Possible advantages	Possible disadvantages
CPR	• Chest compressions • Electric shocks to restart the heart • Tube down the throat to assist breathing • Transfer to ICU on life supports	• May prevent immediate death • Chance of returning to near previous function for a small number of patients	• High rate of stroke and brain injury • Broken sternum/ribs, bruised lung • Does not improve other health issues • Some patients may not be able to continue to live at home • In most cases, CPR is unsuccessful
NO CPR	• Other medical treatments such as antibiotics or going to an ICU, depending on personal preferences • Treatments to maintain comfort but not artificially prolong life or cure illness	• May be less traumatic for family members when the heart stops beating • Natural death with less likelihood of discomfort from tubes, injuries or procedures	• Less chance of prolonging life • Some patients worry that 'No CPR' means that they will not receive any treatment, however, other suitable forms of treatment will always be offered

What should you do now?

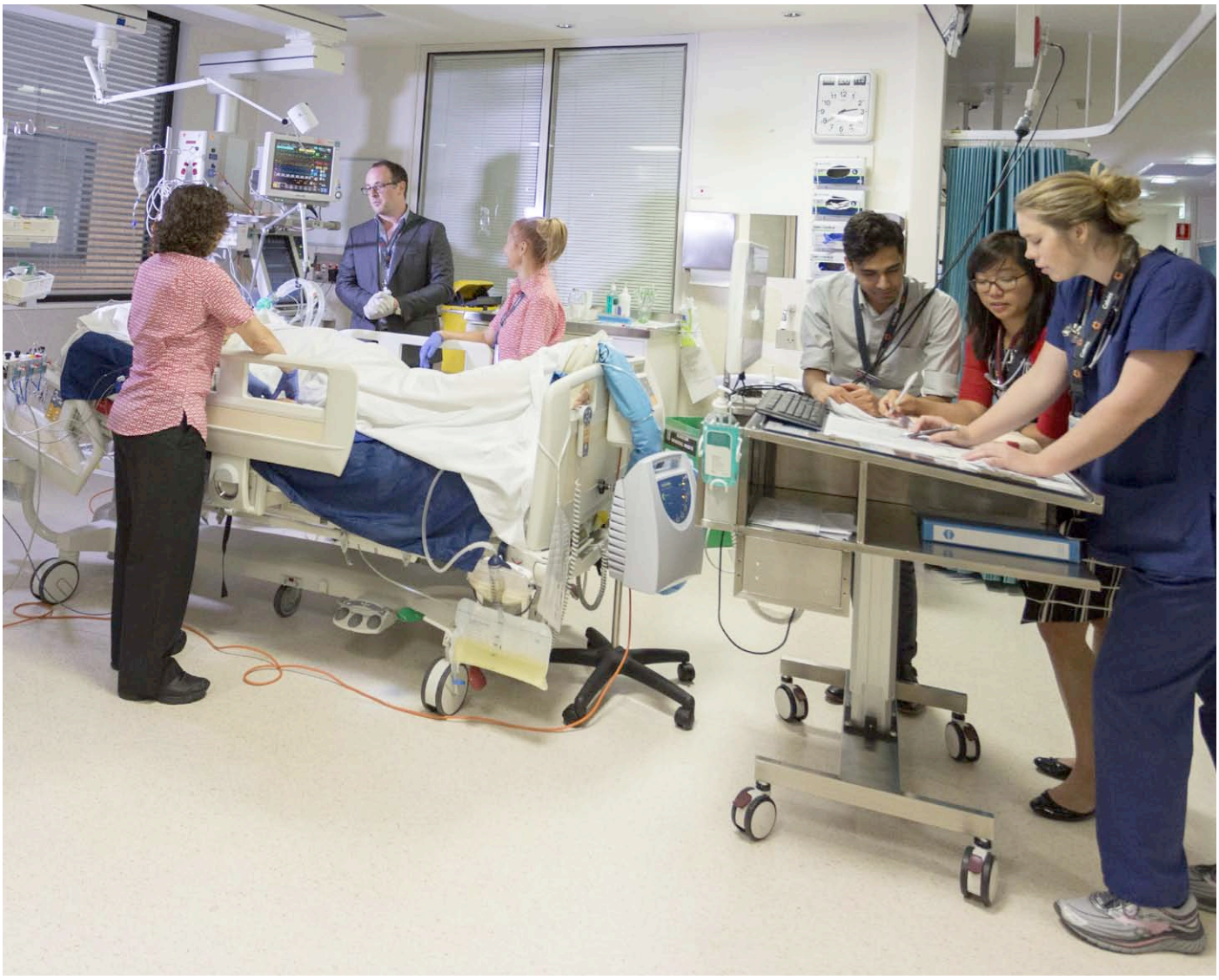
Resuscitation planning is not "all or nothing" – you may decide that you would want some forms of resuscitation, but not others. The outcome of your discussion will be written on a Resuscitation Plan and filed in your medical chart. If you become unable to speak for yourself, the plan will tell the doctors and nurses about your preferences to guide your treatment.

You can also write an Advance Care Directive (ACD) to express your health decisions, including CPR. This document is useful even if you are not in hospital. If you have an ACD already, or have appointed a Medical Power of Attorney or Medical Treatment Decision Maker, please let your healthcare team know and give them a copy. If you would like to know more about this please ask a member of the healthcare team.

Your resuscitation plan can be updated at any time and it should be discussed whenever there is a significant change in your health or your wishes. Your resuscitation plan will be reviewed each time you are admitted to hospital.

If you have questions or concerns about resuscitation planning, please feel free to discuss them with your doctor or other members of your healthcare team. Doctors, nurses, social workers and pastoral practitioners are well qualified to have a discussion with you and may offer a helpful perspective.

To contact a social worker or pastoral practitioner, please call (03) 9508 1222 (or dial 99 from your bedside phone) and ask to be connected.



Brochure content adapted from Cardio-Pulmonary Resuscitation (CPR):
A Decision Aid for Patients and their Families C Frank and D Heyland (Canada)

[1] *Fennessy et al (2016) The Epidemiology of In-Hospital Cardiac Arrests in Australia and New Zealand*

[2] *Health Link (2015) My Health, My Wishes, My Plan. Cardio-Pulmonary Resuscitation (CPR). East Toronto Health Link*

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