PACE of southwest Michigan
Program of All-Inclusive Care for the Elderly

SPEAK FOR YOURSELF
Plan Your Care

Cardiopulmonary Resuscitation (CPR)

Information Provided by:

Making decisions about trying cardiopulmonary resuscitation (CPR) is not easy. This brochure provides information about what CPR involves and what else is important to think about when making a decision about CPR.

What is CPR?

CPR is used to try to restart the heart and breathing after both of these have stopped. CPR includes both:

- pushing on the chest to try to restart the heart, and
- giving air by the mouth or a tube down the airway to the lungs.

Shocking the heart with electricity or giving medicine into the blood stream may also be needed. This type of medical care requires follow up in the hospital emergency department and likely an intensive care unit (ICU) so that a ventilator (breathing machine) and a heart monitor can be used.

When is attempting CPR most successful?

On TV shows, CPR is shown as an easy life-saving action that is usually successful.

A healthy person whose heart stops suddenly due to an accident or heart attack has the best chance to return to good health after having CPR. CPR is also more successful if the person is already in the hospital, where healthcare workers can give care quickly. In general, studies show about 18% of adults who receive CPR survive to leave the hospital[1].

Having a chronic illness and increased age lowers the survival rate of CPR. An elderly person with a chronic illness has an average survival rate of less than 5%. For those with advanced illness, such as Alzheimer's, Parkinson's, heart, lung or kidney disease survival rates are less than 1%. Those with advanced dementia have a survival rate that is 3 times lower than those without.

[1]Nakami et al JAMA 2006

What are the complications of CPR?

CPR requires a lot of force to move the heart. Ribs are broken in up to 97% of CPR attempts. CPR attempts may also hurt the liver, bruise the chest, and cause burns from the electric shocks.

The brain loses air when the heart stops beating and the person is not breathing. Permanent brain damage may occur from lack of air in up to 50% of those who have CPR attempted.

Even if the heart regains the ability to beat, the person may still need a ventilator for days, weeks, months or longer to support their breathing. People needing ventilators long term will need constant medical care to meet his/her needs.

For a person who is very ill or dying, CPR is not likely to help since the heart and breathing stop because of their illness. CPR may put the sick person in pain and distress for the last days of his or her life.

Choosing Do Not Resuscitate (DNR)

After careful consideration of benefits and risks, some people may decide that they do not want CPR attempted. Choosing to not attempt CPR is called "do not resuscitate, or DNR.

Persons who choose DNR still receive medical care and treatment. DNR only applies to the CPR process when the heart and breathing have stopped. DNR does not refer to other medical care.

Making the decision about CPR can be very difficult for a person's loved ones. Having a conversation about if you would choose to have CPR before a crisis occurs is important in making sure your wishes are honored.