Colorado
Advance Directives
Consortium

FACTS ABOUT CPR
FOR PATIENT/FAMILY EDUCATION AND ADVANCE CARE PLANNING

CPR is a procedure done to you by someone else. It means "cardio-pulmonary resuscitation." It involves pressing down hard on your chest and forcing air into your lungs in an attempt to revive you when you die. If you do not tell us NOT to start CPR, and your heart or lungs stop or have a serious problem, we will start CPR. An electrical shock and drugs may also be administered to try to start the heart. Then a tube will be inserted through your throat into your lungs to help you breath.

Below are some facts about CPR:

- TV shows and movies have led many people to believe that CPR is a miracle procedure that almost always works with no lasting bad effects, regardless of the person's health, age and circumstances. However, this is not the case.
- CPR was developed in the 1960s with the intent to rescue victims of "sudden death" by accidental drowning or electrocution, or an otherwise healthy person having a heart attack. CPR works best on persons who are young and healthy and when it can be started immediately after the heart or lungs stop working.
- Those who are elderly or have more than one or two medical conditions, especially conditions affecting the heart or lungs, or circulation, are the least likely to even survive the attempt.
- **CPR works less than 3% of the time** for persons who are dependent on others for care, do not live independently (in assisted living or a nursing home), are older and in a weakened condition, or have advanced illness.
- Even when it works and the person survives, CPR often causes lasting damage:
  - A frail person's ribs can be broken, and a lung or spleen punctured because of the force applied by the chest compressions.
  - If too much time passes before CPR is started, the brain is without oxygen, and brain damage can occur. Without oxygen, other major organs can be damaged too.
  - When CPR is started outside a hospital, first responders will do all procedures to attempt revival including a tube down the "wind pipe" to help breathing, drugs, and a trip to the emergency room, machine-assisted breathing, and hospitalization including follow up care.
- If a person who does not have a good chance of surviving CPR prefers a peaceful, natural death, CPR will not help reach that goal.
- In deciding to choose CPR or not, it is important to weigh all the facts. Consider age, health, medical conditions, risks of the procedure, and goals for life and care.

NOTE TO CARE TEAM/PROVIDERS:

- After your discussion, the patient and family member can make a decision about completing a CPR directive or not. The decision can be recorded in the person's medical record, on the MOST, or on a stand-alone CPR directive to assure that the decision will be communicated and honored.
- The physician or healthcare provider and patient or his/her health care agent must sign the MOST. Only physicians can sign the CPR directive.
- Either form may be completed by an authorized healthcare agent on behalf of an incapacitated patient.
- A healthcare agent may NOT revoke a CPR directive completed by a competent patient.