

Cardiopulmonary Resuscitation (CPR)

Patient Information

This leaflet is about Cardiopulmonary Resuscitation (CPR) and CPR decisions. Please talk to a member of the team caring for you, if you have more questions.

What is CPR?

CPR can be given when a person's heart and breathing stops.

CPR includes:

- pushing down very firmly on the chest to pump blood round the body
- inflating the lungs with oxygen using a mask or tube
- putting needles in the arms and neck to give injections of drugs
- using electric shocks to try to restart the heart

CPR is invasive and can be traumatic. It often causes other problems, such as bruising, fractures and damage to your organs.

How often does CPR work?

There is no simple answer. Everyone is different. The chance of CPR restarting your heart and breathing will depend on:

- why your heart and breathing have stopped
- any illnesses or medical problems you have
- your health in general

Only about 2 out of 10 patients who receive CPR survive to leave hospital. Outside hospital, the chance of survival is lower.

Do people get back to normal after CPR?

Some people do get back to normal but most still have poor health. They will often need to be treated in an Intensive Care Unit (ICU). They can sometimes be left with permanent brain damage.

Is CPR right for everyone?

No. It is important that CPR is not tried on everyone. A person's heart and breathing will stop working as a natural part of dying. If someone is dying, there will be no benefit in trying to revive them. In these cases, CPR may do more harm than good. It is better to concentrate on care that allows the person comfort and dignity. Your healthcare team can talk about whether CPR would be right for you.

Who will decide whether CPR should be attempted?

A doctor will decide if CPR is likely to work. If they think that CPR will not work, it will not be attempted. If you disagree with this, you can ask for a second opinion.

If you do not want CPR, you can refuse it in advance. Please make sure to tell the staff caring for you. If you cannot express your wishes, then a loved one with power of attorney can help decide. If your health changes, the decision can be changed.

Will someone talk to me about CPR?

Yes, one of the doctors or nurses caring for you will try to discuss your wishes. Your family or friends can be involved if you want. You or they can ask questions. You do not have to talk about CPR if you do not want to.

Does a person's age or disability affect decisions about CPR?

No. What is important is:

- your state of health
- your views and wishes
- whether CPR will help you live longer in a way you can enjoy

Will this affect any other treatment I have?

No, not at all. This is about attempting CPR only. It does not affect any other treatments, medicines or care. You will still be given the best possible care. All other treatments and medicine that would be right for you will be provided.

What happens if the doctor decides that CPR should not be attempted?

If CPR will not be attempted, a Do Not Resuscitate form will be put in your medical records. When you go home you should also take a copy with you. This is so your healthcare team and your close family and carers know about this decision.

What will happen if my heart and breathing stop?

The nurses and doctors will provide treatment for comfort. They will also support your family, and all those who are important to you.

Who can I talk to about this?

- any member of the healthcare team involved in your care
- your family and friends, and people close to you
- your carers
- patient support charities such as Age UK, or Macmillan Cancer Support
- one of the hospital chaplains or your own advisor
- the Patient Advice and Liaison Service (PALS). Call **01202 704886** or email **uhd.pals@nhs.net**

Your healthcare team are happy to answer any questions you may have.

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