

Cardiopulmonary Resuscitation

Information for Families & Healthcare Professionals

What is Cardiopulmonary Resuscitation (CPR)?

CPR is the process of attempting to restore your heartbeat and breathing after one or both has stopped. A person certified in CPR is trained to first confirm there is no heartbeat or response. He or she will try to create an artificial heartbeat by pushing hard on your chest. Sometimes, CPR includes blowing in your mouth to attempt to restore your breathing.

What happens when CPR is performed?

Staff will begin CPR by pushing very hard on your chest to try to restart the heart while someone else calls 911. When the ambulance arrives, emergency medical responders will continue to press hard on your chest and put a tube down your airway to push air into the lungs. Medications or an electrical shock may also be used to try to restart and stabilize the heart. You will be taken to the hospital and placed on a breathing machine in the intensive care unit if you survive.

Who does CPR help?

CPR works best when you are otherwise healthy and have an underlying problem that can be fixed. It is best if CPR is provided immediately after your heart has stopped.

Who is CPR unlikely to help?

CPR is unlikely to help when you have advanced chronic disease or a terminal condition. For example, a person with advanced lung disease, end-stage chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD), advanced dementia, advanced Parkinson's disease, or advanced cancer is unlikely to survive CPR. CPR is also less likely to work if no one is around when your heart and/ or breathing stop. Patients who are older and who have one or more chronic medical conditions are less likely to survive CPR, even in the hospital.

What are the benefits of CPR?

The goal of CPR is to restore your heartbeat and breathing before serious damage occurs. About 13 out of every 100 patients with serious illness survive CPR attempts in the hospital. In the nursing home, about 3 out of every 100 nursing home residents survive CPR attempts.

What are the risks or side effects of CPR?

Patients who are given CPR may experience broken ribs and even organ damage. This is because CPR will work only if the person pushing on the chest uses a lot of pressure. Other side effects include brain damage from a lack of oxygen, and the possibility of being worse mentally than before cardiac arrest. It also may not be possible for some to regain the ability to breathe without a machine, requiring a breathing machine or ventilator indefinitely.

Does CPR work if you do not use a breathing machine?

Standard care for cardio-pulmonary arrest (when your heart and lungs stop and you would receive CPR) involves supporting breathing through a breathing tube and mechanical ventilation. CPR is unlikely to work without a breathing tube or support in the intensive care unit.

What factors should I think about when deciding about CPR?

In deciding whether you would want CPR attempted if your heart and lungs stopped working, it is important to think about your goals and talk with your doctor about whether CPR can help you meet your goals.

Are there other options besides CPR?

CPR is provided only after your heart and lungs have stopped. An alternative to CPR is to allow a natural death and not attempt CPR. If you prefer not to be given CPR at the time of death, it is important that your treatment preferences are known. These preferences must be documented using a Do Not Resuscitate (DNR) Order or as a DNR on the Indiana Physician Orders for Scope of Treatment (POST) order form. Patients who decide not to be resuscitated might select other treatment options on the POST such as Comfort Measures or Limited Additional Interventions .