

# A Guide to CPR

## Information for Residents and Families

### What is Cardiopulmonary Resuscitation (CPR)?

CPR is the process of attempting to restore a resident's heartbeat and breathing after one or both has stopped. If a CPR attempt is desired, it is recorded as a Full Code order. If no CPR attempt is desired, it is recorded as a Do Not Resuscitate (DNR) order. If no decision is made and/or documented, a resident is recorded as a Full Code by default.

### What happens when CPR is performed on a nursing home resident?

Staff will begin CPR by pushing very hard on the resident's chest to try to restart the heart while someone else calls 911. When the ambulance arrives, emergency medical responders will continue chest compressions and put a tube down the resident's airway to push air into the lungs. Medications or an electrical shock may also be used to try to restart and stabilize the heart. The resident will be taken to the hospital and will be placed on a breathing machine in the intensive care unit if he or she is still alive.

### Who does CPR help?

CPR works best when a resident is otherwise healthy and has an underlying problem that can be fixed. It is best if CPR is provided immediately after the heart has stopped.

### Who is CPR unlikely to help?

CPR is unlikely to help when a resident has advanced chronic disease or a terminal condition. For example, a resident with advanced lung disease, end-stage congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), advanced dementia, advanced Parkinson's disease, or advanced cancer is unlikely to survive a CPR attempt. A CPR attempt is also less likely to work if no one is with the resident when his or her heart and breathing stops. Residents 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?

About 3 out of every 100 nursing home residents survive a CPR attempt in the nursing home. Survival means that the resident is able to return to the nursing home after receiving care in the hospital.

## What are the risks or side effects of CPR?

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

## 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 ventilator. A resident is unlikely to survive a CPR attempt without a breathing tube or support in the intensive care unit on a ventilator.

## What factors should I think about when deciding about CPR?

In deciding whether or not to attempt CPR on a resident, it is important to think about the resident's goals and talk with his or her doctor about whether CPR can help the resident meet these goals.

## Are there other options besides CPR?

An alternative to attempting CPR is to allow a natural death. If the resident prefers no CPR attempt, it is important to let the nursing home know. This preference must be documented using a Do Not Resuscitate (DNR) order in the medical record.