

# Frequently asked questions about cardiopulmonary resuscitation (CPR)

We hope to answer your concerns, but if you have any more questions please ask a member of staff

This leaflet gives patients at LOROS information about cardiopulmonary resuscitation (CPR). You and those close to you may find it helpful to go through this leaflet with a doctor or nurse if you have any further questions or concerns.

## What is CPR?

CPR is an emergency treatment which tries to restart a person's heart or breathing when these suddenly stop ('cardiac and/or respiratory arrest'). CPR does not refer to other treatments such as antibiotics or 'drips' which are decided about separately.

## CPR can include:

- Mouth to mouth' or 'mask to mouth' breathing
- Pushing down firmly on the chest repeatedly ('chest compressions')
- In hospitals a tube may be put into the windpipe and a bag or a machine is used to pump oxygen into the lungs.
- Defibrillators may also be used to deliver electric shocks to the heart – only certain types of cardiac arrest respond to defibrillators.

## What facilities for CPR are available at LOROS?

At LOROS we have a defibrillator which is available when appropriate. Our staff are trained in chest compressions (and 'mask to mouth' breathing if appropriate) to cover the infrequent situations when patients might benefit from an attempt at CPR. In this situation a '999' ambulance will also be called. Sudden stopping of the heart and breathing requiring CPR is very unusual in hospice patients; more commonly the person becomes sleepier and the heart and breathing slows down gradually over a period of hours or days.

## How successful is CPR?

Sometimes the media present CPR as being very successful.

CPR usually only works in certain situations: people who were previously well and whose heart stops due to an abnormal rhythm are much more likely to respond to treatment.

Only one in eight people (with all kinds of illness) who received CPR in a hospital with all the available facilities will recover enough to leave hospital. (1)

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In people with very serious, advanced illnesses (for example advanced cancer or severe heart or lung disease) only about one person in a hundred who received CPR will recover enough to leave hospital. (2)

### Are there side effects or complications after CPR?

CPR can sometimes cause broken ribs and internal bleeding. Even if people survive after CPR, they may be left with additional medical complications such as brain damage.

### Who is responsible for the decision?

The ultimate responsibility for the decision rests with the senior doctor caring for you.

At home this will usually be your GP. In our Hospice ward, if you come to clinic or Day Therapy, LOROS staff will make a decision with you. This will usually be the consultant responsible for your care, another senior doctor or a senior trained nurse.

The medical and nursing team will always consider whether CPR will work. Decisions are reviewed by the clinical team looking after you. Our aim is to provide you with dignity at all stages of life.

### Will CPR be discussed with me?

If you do not have a up to date Respect form with a 'Do Not Attempt Cardio-pulmonary Resuscitation' decision included, we will discuss your views about CPR with you, unless we judge that to do so would be harmful. The doctor in charge of your care will tell you if they think you may benefit from it. We may also discuss it with you family with your permission.

Should you require inpatient care and CPR is particularly relevant to your needs, or you wish to have full CPR facilities available, it may on rare occasions be more appropriate for you to be cared for in hospital rather than at LOROS.

### How are decisions recorded?

Patients will have a CPR decision recorded in their medical notes on admission to LOROS. A 'Do Not Attempt Cardiopulmonary Resuscitation' form will be completed which will be given to you if you go home.

### What happens if I am unhappy with the decision?

We recognised that these situations are potentially very stressful for you and those close to you. You have a right to a second opinion if you disagree with the decision.

### Sometimes people who are worried they will be denied other treatments if they are 'not for resuscitation'.

We will ensure you are involved in all decisions about your care. If we feel that antibiotics or drips may help you, we will discuss these with you in the usual way.

### Recording your wishes

Some people decide to record their wishes to refuse certain treatments in an 'Advance Decision to Refuse Treatment' (ADRT). If you wish to decline CPR in such a statement, you will need to sign it and have your signature witnessed. Your doctor or nurse will be happy to discuss making an 'ADRT' with you.

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1. Ebell MH, Becker LA, Barry HC, Hagen M. Survival after In-Hospital Cardiopulmonary Resuscitation: Meta-Analysis. J Gen Intern Med 1998; 13:805-816.
2. Tunstall-Pedoe H. et al. Survey of 3675 Cardiopulmonary Resuscitation in British Hospitals (the BRESUS study). BMJ 1992; 304: 1347-1351

This leaflet is updated regularly. For the most up to date information please visit <https://loros.co.uk/our-care>.

In cases of comments or complaints, please contact:

Chief Executive, or Director of Care Services, LOROS, Groby Road, Leicester LE3 9QE or, Care Quality Commission, East Midlands Office, Citygate, Gallowgate, Newcastle Upon Tyne NE1 4PA

If you would like this information in another language or format, please telephone 0116 231 8435 or email [info@loros.co.uk](mailto:info@loros.co.uk)

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Hospice Care for Leicester, Leicestershire & Rutland

Being there for you  
and your family

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