

Cardiopulmonary Resuscitation (CPR) Decision Aid

For people with serious illness (like heart or lung disease or cancer) facing a decision about attempting CPR.

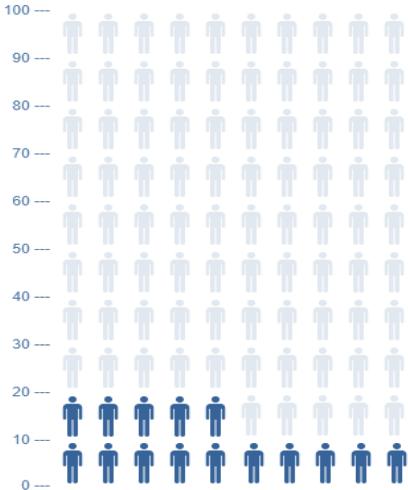
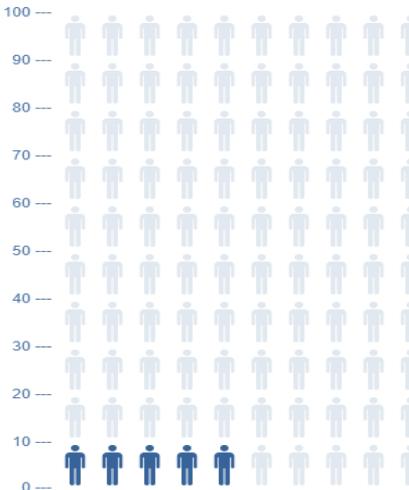
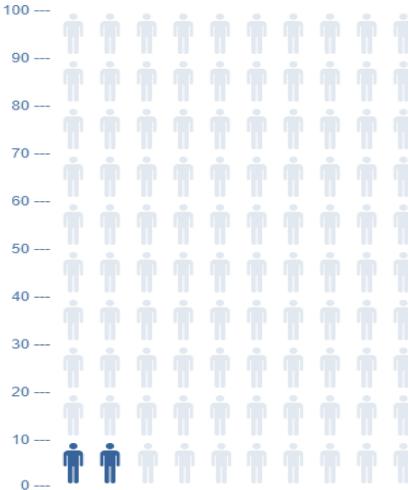
What care do you want if your heart and breathing stop? This decision aid will help you consider your options for CPR and your personal values. You may change your choice at any time. Review the information on both sides of this decision aid. Talk with your doctor about what to expect.

What are your options?	Attempt CPR	Do Not Attempt CPR
What is it?	CPR is done for you by someone else and can include: <ul style="list-style-type: none"> Pressing on your chest A tube to help you breathe Electrical shock and drugs 	CPR is not provided. You will receive other care to treat your symptoms and keep you comfortable.
What does it do?	CPR attempts to restart your heart and breathing.	Not attempting CPR allows a natural death.
What are the benefits?	CPR may restart your heart and breathing. <i>Review the facts (on the back) about the chances of CPR restarting your heart and breathing.</i>	Not attempting CPR avoids machines. Not attempting CPR avoids the burdens of CPR.
What are the short-term burdens?	You will need to be on a breathing machine for a time. You will need to be in the intensive care unit (ICU). You may have damaged or broken ribs.	You will die.
What are the long-term burdens?	You may have mild to severe brain damage. You may no longer be able to live alone.	
Which option best matches your values?	<div style="text-align: center; background-color: #003366; color: white; padding: 5px; margin-bottom: 10px;">Your Values</div> You want the chance to live. You are willing to accept the fact that CPR may not restart your heart and breathing. You are willing to accept the burdens of CPR.	<div style="text-align: center; background-color: #4b2c62; color: white; padding: 5px; margin-bottom: 10px;">Your Values</div> You prefer a natural death. You are unwilling to accept the fact that CPR may not restart your heart and breathing. You are unwilling to accept the burdens of CPR.

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Funding and materials provided by Respecting Choices®, www.respectingchoices.org.

This product has been certified by the Washington State Health Care Authority pursuant to RCW 7.70.060. The date of certification is April 9, 2018, and will expire two years from this date, or sooner pursuant to Washington State policy. A full description of Washington’s certification process, including required criteria is available at <http://www.hca.wa.gov/about-hca/healthier-washington/shared-decision-making>.

CPR in the hospital	CPR outside the hospital	
Adults with serious illness who get CPR and live	Adults living in the community who get CPR and live	Adults living in a residential setting who get CPR and live
At most, 15 out of 100 leave the hospital and may live an average of 4 months¹	5 out of 100 leave the hospital and may live up to 1 year²	2 out of 100 leave the hospital and may live up to 1 year²
		

1. Stapleton RD, Ehlenbach WJ, Deyo RA, Curtis JR. Long-term outcomes after in-hospital CPR in older adults with chronic illness. *Chest*. 2014;146(5):1214-1225.
2. Shah MN, Fairbanks RJ, Lerner EB. Cardiac arrests in skilled nursing facilities: continuing room for improvement? *J Am Med Dir Assoc*. 2007;8(3 Suppl 2):e27-31.

Questions I have for my doctor after reviewing this CPR information: _____

My values most align with: Attempting CPR Not attempting CPR