

CPR IS THE STANDARD ORDER

Upon admission to a nursing home or hospital, it is assumed that every patient whose heart stops will receive CPR. This presumption for CPR is reasonable since any delay in beginning the procedure greatly reduces the chances for success. If a person would rather not have resuscitation attempts, a doctor must write an order restricting its use. Some institutions call this order "NO CODE", "NO CPR" or just "DNR" (do not resuscitate). This order must be given by the physician, and often the family or the patient must request it. In most cases the staff of physicians will not make a DNR decision without a discussion with the patient or family, no matter how seriously ill a patient may be.

BURDENS OF CPR

Like any medical procedure, CPR does have some burdens. A frail patient's ribs could be broken and a lung punctured because of the necessary force applied during CPR. It too much time has elapsed since the patient has been without oxygen, there may be brain damage. The brain injury can range from subtle changes in intellect and personality all the way to permanent unconsciousness (the "persistent vegetative state"). **Because of the chain of events put into motion when CPR is begun, a person could be placed on a respirator even though he or she might not have wanted it.** For many patients this risk of prolonged survival "on machines" with severe brain injury is a very serious burden. Also, CPR severely reduces the possibility of a peaceful death.

CPR AND THE FRAIL ELDERLY PATIENT

Some healthy elderly hospital patients may benefit from CPR. A frank discussion with a physician will help any patient assess the possible benefit.

For all long-term nursing home residents and frail elderly hospital patients, the medical benefits from CPR are slight. In deciding whether to accept or reject CPR, one must weigh the facts. **Once a frail elderly hospital patient or nursing home resident has a cardiac or respiratory arrest, there is only the smallest of possibilities of having the heart restarted and almost no chance of surviving the subsequent hospitalization.** The frailty that goes with aging and the worsened medical condition common among these patients contribute to this poor outlook for survival. Even if the patient survives the event that required CPR, the chances of long-term survival are slim and the individual's condition will most likely be much worse than before the trauma. Given these facts, many people choose not to have CPR used as a medical treatment. Others feel that CPR offers some hope of survival and that every effort should be made to save a person's life no matter the age, medical condition or prognosis.

CPR (CARDIOPULMONARY RESUSCITATION) CONSENT FORM

Please read the following information about CPR carefully before completing this form and returning to us:

Cardiopulmonary resuscitation ("CPR" hereafter) is initiated when a resident's breathing and/or heart function has ceased. CPR is the provision of assistance with breathing and heart function provided by facility staff by blowing air into the resident's lungs to stimulate breathing and by pressing on the chest to stimulate heart function. These procedures may or may not restart normal breathing and normal heart function, depending on many factors that your physician, or his/her designee, will discuss with you. You should ask your physician about this before making a decision.

There is a risk of injury to the ribs or internal organs from pressing on the chest. Other minor injuries are possible from the mechanical trauma of CPR.

There is no alternative treatment available in the facility for a resident whose breathing and heart function have both stopped.

Once CPR has been started, facility staff will call 911 to request an ambulance to transport you to the hospital. Treatment may be continued or more advanced treatment may be initiated in route to the hospital. At the hospital more advanced treatment is continued or discontinued in accordance with institutional policies.

A resident may choose to refuse CPR. If this is the choice made, the facility staff will give no treatment to the resident once breathing and heart function have stopped.

I, or my representative have been fully informed of the anticipated results of initiating or withholding CPR if I stop breathing and my heart stops, while a resident of this facility.

_____ **YES, I WISH TO RECEIVE CPR**

_____ **NO, I DO NOT WISH TO RECEIVE CPR AT ANY TIME**

_____ I do not wish to make a choice at this time.
I understand that if I have not made a choice, CPR will be given to me if my breathing and heart function cease.

I understand that I may change my decision at any time by completing a new form.

I have made this decision being fully informed and of my own free will. If I am the responsible party, I have made this decision based on what I believe the resident would have wanted had he/she been able to make this choice for him/her self. If this is not possible to know, I have made a decision that I believe to be in the best interests of the resident.

I/responsible party absolve to the extent permitted by law, my healthcare providers, their successors and assigns from any liability for their acts or omissions in carrying out, in good faith, the choice expressed in this document.

Resident Name

Resident/Responsible Party Signature

Relationship to Resident

Date