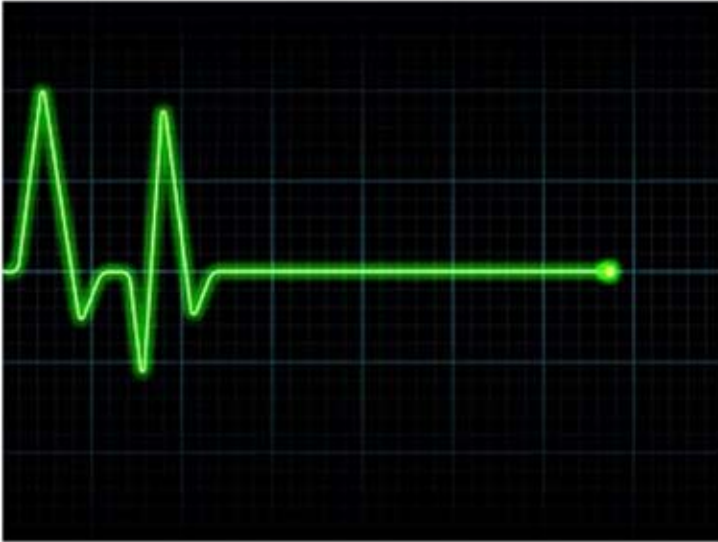


# What happens...



...if my heart stops ?

An EasyRead Guide



It is sad but true.  
Everybody dies sometime.



We are born, we grow up,  
we grow old, we die.  
That's life !



Thinking about dying  
usually makes us sad,  
and a bit frightened.



It's not something we  
like to talk about much.  
We think "If we talk about  
it, it will happen."

# Why do people die ?



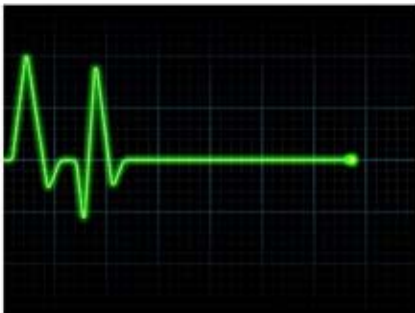
It might be from an accident.



It might be from a serious illness that you can't get better from.

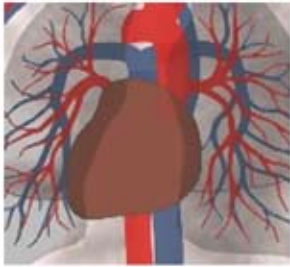


It might just be from old age.

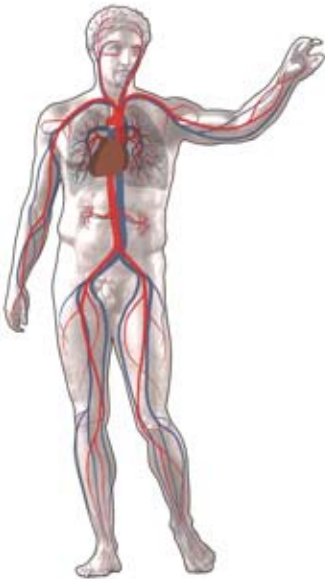


But in the end, our heart stops beating, and we die.

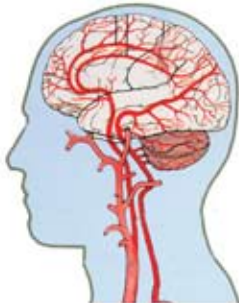
# What happens when my heart stops beating ?



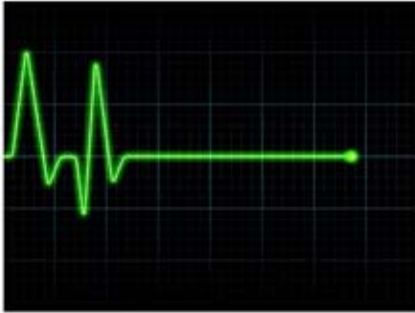
When you die, your heart stops beating.



No blood gets pumped round your body, so very quickly the rest of your body stops working. Your kidneys, your liver, your lungs, all stop working.



Your brain will stop working about 3 minutes after your heart.



If your heart stops beating, it might be possible to try to start it beating again.

This is called **cardiopulmonary resuscitation** or **CPR**.



It might include pressing down hard on your chest, again and again.



Or mouth-to-mouth breathing.



Ambulance crew or hospital staff might use a machine to give your heart an electric shock to make it start working again.



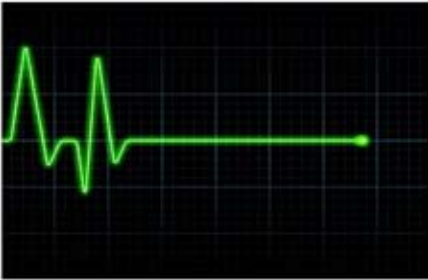
Or put a tube down your throat to help you breathe.



Or give you drugs to help your heart and lungs work properly again.



CPR does not work every time.  
Most people who have CPR will not get better.



CPR will not fix what made your heart stop.



If you had a serious illness, you will still have a serious illness.

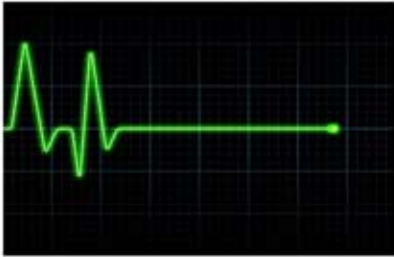


If you were old, you will still be old.

In the end, we all die.



So if your heart stops, your doctor has to decide if CPR is the best thing to do for you.



If CPR will not work, or will only start your heart beating for a short time, it will not be tried.



And if CPR might leave you with injuries that make you more ill than before, it will not be tried.



The decision has nothing to do with how old you are, or how disabled. It is about what is best for you now.





One day, your heart will stop, as part of the natural process of dying.

You might want to talk about what happens next with your family, friends and carers.



If you are already seriously ill, and near the end of your life, you might prefer to die naturally and quietly.

Or you might want to keep going as long as possible, even if there are risks.



What you think is important, and the doctor will listen to what you say.

**DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION**  
 Yorkshire & Humber Regional Plans for Adults and Young People aged 16 and over

In the event of cardiac or respiratory arrest NO attempts at cardiopulmonary resuscitation (CPR) will be made. All other treatment should be given where appropriate.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Section 1 Reason for DNACPR. Select all appropriate from A - D**

A.  CPR has been discussed with this patient. It is against their wishes and they have the mental capacity to make this decision.

B.  CPR is against the wishes of the patient as recorded in a valid advance decision. The right to refuse CPR in an advance decision only applies from the age of 18.

C.  The advance of CPR would not be of overall benefit to the patient and:  
 1) They lack the capacity to make the decision.   
 2) They have decided to refuse the decision.   
 This must be discussed with relevant others where possible.

D.  CPR would be of no clinical benefit because of the following medical condition(s): \_\_\_\_\_

Even in situations in which CPR is not expected to be successful, it is still good practice to explain to the patient and/or relevant others why CPR will not be attempted.

This has been discussed with the patient.   
 This has been discussed with the patient because it would cause them unnecessary distress.   
 This has been discussed with \_\_\_\_\_

**Section 2 Healthcare professionals completing DNACPR form**

Name & Designation: \_\_\_\_\_ Name & Designation: \_\_\_\_\_  
 Organisation: \_\_\_\_\_ Organisation: \_\_\_\_\_  
 Role: \_\_\_\_\_ Role: \_\_\_\_\_

**Section 3 Review of DNACPR decision (if appropriate)**

This order is to be reviewed by:

Review Date	Cardiologist	Physician	Respirator	Respiratory Care	Respiratory Nurse
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AMBULANCE CREW INSTRUCTIONS**  
 If Cardiopulmonary Arrest occurs please do not attempt CPR. An other appropriate treatment should be given, this other specific instruction: \_\_\_\_\_

If you and your doctor agree that CPR will not work for you, or will make you more ill, they have to fill in a form called a **DNACPR**. This stands for **Do Not Attempt CPR**. It tells everyone who looks after you that this decision has been made. There is only one copy of this form. It cannot be copied.



The form will go with you if you go in an ambulance, or go home, or go into hospital. Then everyone knows what to do if your heart stops.



If your health changes, your doctor will look again at the decision. They will talk with you about any changes.



If doctors do decide not to attempt CPR, that will not affect any of your other treatment.



You will still get the best care and medicines for your condition.



If you or your family do not think you have had chance to talk about this properly, please talk to your nurse, or the person who gave you this form.



Or if you don't want to talk about it at all, that's fine too. We are here to listen if and when you do.

You might want to talk about this booklet with other people in your life, such as:



Your family and friends or carers



Someone from your religion



An advocacy service



The Community Learning Disability Nursing Team



The Palliative Care Team



Or your GP or District Nurse

This booklet was made by trainees from The Aim Project at **btm**. Telephone 01274 848150

Approved by the Yorkshire & Humber DNACPR Strategic Group. Published June 2012