

## PATIENT INFORMATION

# Information About Resuscitation Treatments

It is the policy at Torbay Hospital that all patients should be given active treatment in the event of a sudden and unexpected deterioration in their clinical condition. This includes treatments used if the heart were to stop or if the breathing were to stop called “Cardio-Pulmonary Resuscitation”. We recognise, however, that some people may not want certain treatments, and for others that those treatments may not work, or do more harm than good. The following information is to help you understand what is resuscitation, what is involved in it, and how decisions are made

## What is Resuscitation?

The term “resuscitation” covers a range of treatments that may prolong life for a patient in hospital who has had a sudden and unexpected deterioration in their condition. Within the broader term “resuscitation” is included “Cardio-Pulmonary Resuscitation”, as described above.

## How common is a sudden and unexpected deterioration?

Fortunately, this is unusual. It may occur because one or more of a patient’s organs are failing, for example their heart, lungs or kidneys.

## How is resuscitation given?

This depends on which organ system is failing, but will often involve giving treatments like oxygen or fluids through a drip.

If the **lungs** are failing, the patient may be moved to the critical care unit and put on a ventilator (Breathing Machine) – this usually requires making the patient sleepy with sedative or anaesthetic medicines.

If the **kidneys** are failing this may mean moving the patient to the critical care unit and being attached to a kidney “dialysis” machine.

If the **heart stops** (also called “Cardiac Arrest”), treatment with basic life support is started immediately. This involves a combination of artificial

breathing (using a special facemask and squeezing a bag to give air and oxygen to the lungs) and compressions of the heart (done by pressing down firmly and repeatedly on the breastbone to help pump blood around the body). Other treatments may include electrical shocks to the heart to try to make it start beating again.

### **Is everyone actively resuscitated if required?**

The policy at Torbay hospital is that all patients should be given active treatment in the event of a sudden and unexpected deterioration in their condition. As with any other treatments there may be some patients who decide that they do not wish to have these treatments. For some patients it may be clear that these treatments would not work, or would do them more harm than good.

We know that following a cardiac arrest in hospital, about 10-20% of patients survive to leave the hospital. About half of these patients are left with some physical or mental problems as a result of the cardiac arrest. This means that they may not return to the same quality of life they had before their cardiac arrest.

Patients have the right to choose whether or not they wish to accept a treatment offered to them. This is also true for resuscitation treatments. Some patients make the decision that they would rather "allow a natural death" than to try resuscitation treatments.

At Torbay Hospital our aim is to discuss the different types of resuscitation treatments with any patient who we think may be at risk of a sudden and unexpected deterioration. With the patient's permission, it is helpful to share these discussions with the patient's family too. Ideally, we then make a plan, called a Treatment Escalation Plan (TEP). This plan is not legally binding but does really help to guide the healthcare team with what they should do in any emergency situation. We know that some patients find it difficult and distressing to have these sorts of conversations. We would not make a patient talk about these things if they did not want to. The healthcare team will always act in the patient's best interests and make those decisions for them if they did not want to.

### **Must I discuss resuscitation with the doctor?**

**You do not have** to talk about this if you do not want to.

The healthcare team will make decisions about resuscitation treatment in the best interests of each individual patient. This plan is documented as the TEP form.

### **Can I change my mind about the contents of my TEP?**

Yes, at any time. If you do change your mind, please tell a member of the healthcare team and they will discuss this with you.

### **Can I ask for more information?**

Yes, please do so. We hope this information is of some help but please talk to any member of your healthcare team if you have further questions.

## **Advanced Directives/Living Wills**

You may have completed an Advanced Decision to Refuse Treatment (ADRT) or an Advanced Directive/Living Will. Please ensure we have a copy so that it can be placed in your notes. These documents allow patients to refuse treatments in advance and are legally binding.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.