

CPR / DNR

A Guide for Decision Making

"CPR" stands for "Cardio-Pulmonary-Resuscitation". CPR is performed when the heart or breathing has stopped.

"DNR" means "Do Not Resuscitate". If someone chooses to be DNR status, then CPR would not be attempted.

Most of us do not really understand these terms and may only have an idea what they mean by seeing TV scenes which are not completely accurate.

CPR is done on you by someone else and may include breathing into your mouth, pressing on your chest, giving you electrical shocks and drugs to restart your heart, and putting a tube down your throat to help you breathe.

CPR is not always effective.

CPR works best for people who are generally healthy, and if it is given within a few minutes of when the heart or breathing stops. **CPR does not work well for** people who are very weak, have a long-standing or terminal illness, or for someone who is elderly and frail.

If you are in the hospital and are generally healthy, there is a 17% chance of CPR working. **If you are in a nursing home** and have chronic health problems, there is only a 3% chance of CPR working.

CPR also has side effects such as the possibility of brain damage and fractured ribs. Usually the lungs are so weak after CPR that a breathing tube and machine is needed with care being provided in an Intensive Care Unit.

If you do not want CPR, you are then choosing DNR status which means you do not want attempts at resuscitation. Rest assured that you will still get the medical care and treatments that you need.

Always best to make these decisions with your doctor and family. Whether you choose CPR or to be made DNR, your doctor will write this information in your medical chart so that your wishes will be followed.

Compiled from variety of sources
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