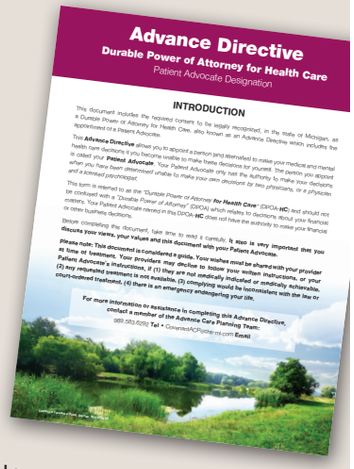
It always seems too early, until it is too late.

MORE ABOUT CPR AND LIFE-SUSTAINING TREATMENT CHOICES

You should discuss with your healthcare team, family, and friends the types of life-sustaining treatments ***you may or may not want*** before a medical event occurs. Your wishes may change over time, therefore, these conversations should be ongoing. Conversations should include:

- Based on your current health status, what treatments may be needed in the future?
- What is the likely outcome of receiving vs. not receiving a particular treatment?
- Does that likely outcome meet an acceptable quality of life for you?
- Under which situations, if any, would you not want to receive certain treatments?



An Advance Directive (AD), also known as a Durable Power of Attorney for Health Care (DPOA-HC) can help ensure your treatment wishes are followed for the types of treatments ***you may or may not want***. This legal document also allows you to designate who you want to make medical decisions for you if you are not able to communicate your own decisions.

If you have already completed an Advance Directive, be sure to provide a copy to your primary care provider and the hospital where you are most likely to be treated.

For assistance completing an Advance Directive, contact your local hospital or physician's office. You may also contact **Covenant Advance Care Planning services at 989.583.6292 for free assistance.**

While resuscitation efforts are standardized by the American Heart Association, the terms used to define Code Status may vary from institution to institution.

COVENANT at Home

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Bus. Dev. (CK/AS) Rev. 5/25 16156 PF09636

CPR, Code Status, DNR/DNAR

WHAT YOU SHOULD KNOW

COURTESY OF COVENANT AT HOME, SAGINAW, MI

It is important to understand the different types of medical treatments ***you may or may not want*** before a medical emergency occurs. One of the most common decisions to make is related to CPR (**C**ardio**P**ulmonary **R**esuscitation). The purpose of this brochure is to provide information about CPR, including:

- Interventions.
- Success and survival statistics.
- Complications and outcomes.
- How one's choices on receiving or not receiving CPR are communicated to healthcare workers through Code Status.

This is general information. For more specific information on the risks and benefits of CPR specifically for you, you should talk with your healthcare team.

WHAT IS CPR

CPR is an emergency procedure that can be initiated when someone is in cardiopulmonary arrest, which means the person's heart and breathing have stopped or are working in a way that cannot sustain life. The term ***Resuscitation*** is commonly used in place of CPR. Advanced CPR or Full Resuscitation can include:

- **Chest Compressions –** to physically stimulate the heart.
- **Defibrillation/Electrical Shock –** to electrically stimulate the heart into a rhythm that may sustain life.
- **Cardiac Arrest Medications –** to chemically stimulate the heart into a rhythm that may sustain life.
- **Advanced Breathing Assistance –** Giving mouth-to-mouth or mask/bag breathing. This usually includes the insertion of a breathing tube through the mouth and into the lungs (called "intubation") that later will be connected to a breathing machine/ventilator.

SURVIVAL, OUTCOMES & COMPLICATIONS

Unlike what is often shown on television, the success rate of CPR is low. By success, we mean living through CPR and recovering well enough to leave a medical facility within 30 days. Despite advances in medical treatments, average survivor rates for adults receiving CPR are:

- In-hospital cardiopulmonary arrests: 20-25%
- Out-of-hospital cardiopulmonary arrests: 5-10%

PLEASE NOTE: Survival rates are even lower for persons with:

- Advanced age: 5%
- A serious, advanced illness such as cancer, sepsis, or heart, renal or liver failure: 1-2%

Whenever CPR is attempted, a medical event has already occurred, and CPR is an aggressive procedure. As a result, poor outcomes can occur, such as (but not limited to):

- Broken ribs
- Pain
- Bleeding
- Lack of oxygen to the brain and/or other organs causing permanent damage

As a result, more than 40% of survivors experience a significant decrease in physical and/or mental function after receiving CPR.

CPR is most successful when all components can be offered together. Selecting only certain resuscitation efforts is commonly not recommended (i.e., no defibrillation, but allow intubation).

PLEASE NOTE: Medications cannot circulate in the body without a heartbeat. Therefore, the option to have Cardiac Arrest Medications without Chest Compressions would not be beneficial.

PERSONAL CHOICES FOR CPR

The decision to receive or not receive CPR should be based on your values and preferences on quality of life, as well as your medical condition, and weighing the risks & benefits of receiving or not receiving CPR.

CODE STATUS

All patients admitted to the hospital are assigned a Code Status which describes how aggressive they want treatment to be and includes wishes regarding CPR. The following are the most common levels of Code Status:

- **Full Code –** All curative, aggressive treatments including CPR should be offered.
- **Do Not Resuscitate (DNR) or Do Not Attempt Resuscitation (DNAR) –** All curative, aggressive treatments, including the use of a ventilator for difficulty breathing, should be offered based on a person's wishes, except CPR. If a person's heart and breathing stop death should be allowed to occur naturally. ***DNR does not mean do not treat***.
- **Comfort Measure Only –** Only treatments that promote comfort are provided. CPR and other curative, aggressive treatments are stopped or not initiated. Includes DNR.

PLEASE NOTE: DNR wishes do not carry over and will need to be shared on every admission to the hospital. An **Out of Hospital DNR** order will also be required, so wishes may be honored by 911 responders.

ADDITIONAL ORDERS REGARDING AGGRESSIVE TREATMENT: DO NOT INTUBATE (DNI)

Commonly discussed with code status is wishes regarding intubation. Intubation involves the insertion of a tube through the mouth ending in the lungs and is required for the use of a mechanical ventilator (breathing machine). Intubation may be recommended for ***difficulty breathing*** (different from use with cardiopulmonary arrest as the heart has not ***stopped***). This may be indicated for short-term or long-term use, which may not be known at the time of intubation.

If a person does not want to be placed on a ventilator for any reason, an order for **Do Not Intubate (DNI)** can be added.