

# CPR GUIDE

**This guide explains what CPR is. It helps you decide if you want CPR attempted in a hospital or health care facility.**

*Talk to your doctor or health care professional about the benefits and risks that apply to you.*

## What is CPR?

Cardiopulmonary Resuscitation, or CPR, is a procedure that tries to restart your heart and breathing if they stop. If you receive CPR in a hospital, health care professionals will:

- use deep pushing on your chest to move the blood
- insert a breathing tube into your lungs to help get oxygen into your body
- use a defibrillator or automated external defibrillator (AED) to shock your heart
- use medications to try to restart your heart and help blood flow through your body

## Will CPR work for you?

- CPR works best if your body is healthy and CPR is started right after your heart stops.
- CPR is not as successful if you are elderly or have a serious illness.
- National studies show that 18–30% of people who receive CPR in a hospital survive and are discharged. 28% of those who survive have significant neurological disability.
- National studies show that 2% of nursing home residents who receive out-of-hospital CPR survive.

## What happens after CPR?

Most people who need CPR do not survive. If people do survive, some return to their current health state and others have new disabilities.

- You might need to stay on a ventilator (breathing machine) because of weakened lungs.
- You might have bruised or broken ribs from the chest compressions.
- You might have brain damage because your brain did not get enough oxygen.



## What decisions can I make about CPR?

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Your decision about whether you want CPR attempted in a hospital may fall into one of the following categories.

**Yes**      **I want CPR attempted if my heart and breathing stop.**

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**Maybe**    **I want CPR attempted if my heart and breathing stop, unless there has been a change in my health, and I have:**

- Little chance of living a life that I find meaningful, as discussed with my health care agent; or
  - A disease or injury that cannot be cured, and I am likely to die soon; or
  - Little chance of survival even if my heart and breathing are started again.
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**No**      **I do not want CPR attempted if my heart and breathing stop. I want to be allowed to die naturally.**

Standard care in Washington state is to provide CPR to people if their heart and breathing stop—unless otherwise documented. Sharing your CPR wishes on an advance directive can guide your health care agent and health care professionals on whether to perform CPR if you are hospitalized and your heart and breathing stop (also known as “code status”).

Some people who choose not to receive CPR in a hospital also do not want CPR in other settings. In this situation you should ask your physician or health care professional about completing Portable Orders for Life-Sustaining Treatment (POLST). POLST is a medical order that communicates health care decisions to emergency responders and other medical professionals.

**It is important to talk to your health care agent, loved ones,  
and health care professionals about your CPR wishes.**

*Additional resources can be found at [www.wsma.org](http://www.wsma.org) and [www.wsha.org](http://www.wsha.org)  
including an advance directive to record and share your wishes.*