What is CPR?

CPR stands for cardiopulmonary resuscitation. It is sometimes used in an emergency when someone’s heart has stopped beating adequately. Cardiac arrest is another term for when the heart stops beating.

If you are in cardiac arrest, blood stops flowing through your body.

This means that oxygen cannot get to your brain. Your brain can survive without oxygen for only about five minutes. After that point, you would have permanent brain damage, even if your heart started again.

CPR can help blood and oxygen flow to your brain while medical staff try to get your heart to beat normally again. This may help prevent brain damage.

CPR may include:

• Someone pushing on your chest with their hands (chest compressions)

• Artificial breathing. This might mean that someone breathes from their mouth into yours (mouth-to-mouth), or uses a small bag attached to a mask to push air into your lungs.

• Someone giving you medications to stimulate your heart

• A machine giving you one or more quick electrical shocks to your chest (defibrillation)

• Someone putting a tube into your windpipe to help air reach your lungs
When might CPR be used?

You would only get CPR if your heart stopped beating (cardiac arrest). Cardiac arrest can be expected or unexpected. It is a normal part of the dying process. Cardiac arrest could happen unexpectedly because of a sudden severe illness or injury, or due to a heart problem that the person may or may not know about.

Health care staff would automatically do CPR if you went into cardiac arrest, unless you have a Do Not Attempt Resuscitation (DNAR) order. A DNAR order tells health care staff not to do CPR if you go into cardiac arrest. In some places, this order is called a Do Not Resuscitate (DNR) order.

You have a choice about whether or not you would get CPR when your heart stops beating. Your choice about CPR does not affect the care you will receive or your decisions about other treatments.
Benefits and Risks

What are some possible benefits of CPR?

CPR can save lives, especially when given to a young, relatively healthy person right after their heart stops. In some cases, CPR may return the person to the same health they were in before their heart stopped. This is more likely if the person does not have serious health problems, and if CPR is started quickly after their heart stops.

CPR might or might not work to re-start your heart. It is more likely to work if you are relatively healthy before a cardiac arrest. The chances of surviving are a little better if CPR is started quickly after the heart stops and if you receive CPR in the hospital. About one in six people who get CPR while in the hospital survives their hospital stay, and five in six people die. Survival chances for you may be more or less, depending on your health problems.

What are some possible risks of CPR?

CPR often does not work to re-start the heart, especially when given to someone who has more than one illness or a very serious disease.

If you survive after CPR, you will have a sore chest and may have broken ribs because of the chest compressions. You may have a collapsed lung.

If you do not get enough blood to your vital organs during cardiac arrest and you survive after CPR, you might have serious problems afterward. You might be dependent on others to care for you, have brain damage, or need a breathing machine. Depending on the health problems you have after CPR, you may not be able to live at home.
What to Expect

What if my heart stops?

If you had a cardiac arrest, you would lose consciousness and pass out quickly. Once you passed out, you would not feel anything.

If you do not receive CPR, or if CPR does not work to restart your heart, you would die. If CPR works to restart your heart but you do not start breathing on your own, you would be put on a breathing machine (ventilator) unless you have a doctor’s order stating that you do not want to be on a breathing machine. If CPR works to restart your heart, you would receive medical care to treat any problems caused by CPR. Some possible risks of CPR are listed on the page before.

Your health care team can tell you if you are at increased risk for cardiopulmonary arrest. Talk with them about treatment options that support your goals and preferences.