



Advance Care Planning

Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

Health Care Agent

Discussing and sharing your wishes with your loved ones, health care team and health care agent are important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

Health Care Directive

By writing a Health Care Directive, you can make your voice heard so your wishes are followed. A Health Care Directive is a written plan outlining your values and priorities for your future medical treatment.

What is cardiopulmonary resuscitation?

Cardiopulmonary resuscitation is an emergency procedure commonly known as *CPR*. CPR can be used to try to restart a person's heart beat or breathing. Cardio means *heart*, pulmonary means *lungs* and resuscitation means *to revive*.

Understanding CPR is an important part of advance care planning. The following information can help you decide if you would want CPR.

How is CPR done?

CPR involves pressing repeatedly on a person's chest and forcing air through his or her mouth. Sometimes, emergency medical responders use an electronic device called an *automated external defibrillator (AED)*. The AED can check a person's condition and, if needed, deliver electric shocks to the person's chest. The electric shocks can help correct the person's heartbeat. The responders may give medicine, too.

Emergency medical responders doing CPR may also place a tube down the person's throat to help with breathing. At the hospital, this tube can be connected to a breathing machine (ventilator) to breathe for the person.

How effective is CPR?

How well CPR works depends on your age, your health and how quickly the CPR is given. The younger and healthier you are, the better your chances are that CPR can be effective for you.

If not started quickly, CPR usually does not work. CPR also does not work as well for people who:

- Have medical conditions that have damaged any organs, including the heart, lungs, kidneys and brain
- Are nearing the end of their lives

CPR causes chest soreness, and may break ribs and damage the lungs. People who are successfully revived by CPR go to the Intensive Care Unit at the hospital. Most people need to go on a ventilator.

Even if CPR successfully restarts a person's heart, CPR does not:

- Fix or improve the reason that caused the person's heart to stop beating
- Mean a person will fully recover

The lack of blood to the brain (due to the lack of heart beat) can cause brain damage in only a few minutes.

Will CPR work for me?

Talk to your clinician about how well CPR would work for you. The success of CPR depends on your age and any health problems you have.

What if I choose to not have CPR?

You will still get other medical care you need. Other treatments can keep you comfortable, manage pain, and control symptoms so you can live as well and as long as is possible for your health status.

How do I decide what is best for me?

Talk with your clinician, loved ones, and spiritual advisor about your medical and personal goals and values. Some questions to consider are:

- What is the likely success of CPR for me?
- Am I likely to survive and recover after CPR to a health status I would want?
- How will having CPR affect my comfort, health and quality of life?
- How might any spiritual, cultural or personal beliefs affect my decision?

What should I do after I decide?

Let loved ones know your decision about CPR so they can honor your choice. Be sure to document your choice about CPR in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called *POLST (Provider Orders for Life-Sustaining Treatment)* that document your choice about CPR and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about CPR regularly as you get older or if your health changes.



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Additional information available from a Presbyterian Homes & Services or Optage® Honoring Choices facilitator.

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