What Happens When Your Heart Stops?

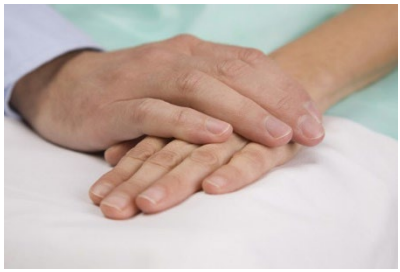
Cardiopulmonary Resuscitation (CPR) &
Code Status Discussions

Lakeridge Health

What Happens When Your Heart Stops?

Cardiopulmonary Resuscitation (CPR)
& Code Status Discussions

Please review this information with your family and substitute decision maker(s) to help you decide what you want your healthcare team to do if your heart or breathing stops. Cardiopulmonary resuscitation (CPR) is the attempt to restart your heart and/or breathing. Your heart or breathing can stop suddenly for many reasons when you have a serious illness or during a medical procedure such as surgery. To help you make an informed decision, it is important for you, your family members and substitute decision maker(s) to understand the risks and benefits of CPR.



Many people find it hard to think or talk about CPR. Some people may consider not having CPR, which is always an option, but they may not be sure how to share this choice. When talking about CPR, the support of family and friends can be helpful. This pamphlet answers some common questions about CPR. As you review the information, you may have more questions come to mind, including those for your healthcare team. If you wish, you can use the last page of this pamphlet to write down your questions.

What is a “cardiac arrest”?

A cardiac arrest is not the same as a heart attack.

“Cardiac arrest” means your heart has stopped beating enough to not be able to pump blood or oxygen to your organs

When this happens, your body’s functions quickly start to shut down.

What is a “heart attack”?

A “heart attack”, sometimes called myocardial infarction or MI, means the blood supply to your heart is lower or blocked. Without oxygen, the cells in your heart begin to die. Treatment of heart attacks may or may not include CPR. Treatment usually means you will be given medications.

Am I likely to have a cardiac arrest?

Everyone has their own level of risk for a cardiac arrest. Your level of risk is based on your overall health. It is important to prepare to talk about your risk of cardiac arrest with your doctor.

What is CPR?

CPR is an attempt to restart your heart and lungs. During CPR, a person places their hands on the center of the chest, pushes their hands down quickly and repeatedly to move blood in and out of the heart to the body and vital organs, especially your brain.

Resuscitation attempts may include but not limited to:
- chest compressions
- medications
- electric shocks
- insertion of a breathing tube

What happens during a resuscitation attempt is decided by the code team at the time of a cardiac arrest.

How successful is CPR?

CPR can be successful for people who are especially healthy; CPR is considered successful when the heart is able to start pumping blood and oxygen properly again. CPR is often shown to be very successful in movies and TV shows, but even with the right technique and skill, CPR is *not* always medically successful. This means, the person can still pass away or CPR may not be successful to achieve what you would want. If successfully resuscitated, patients may have broken ribs and usually need ongoing care. They also may not recover to their previous health and/or ability.

Ask your healthcare team if CPR would likely be successful based on your overall health and medical needs.

Will CPR be started if you have a cardiac arrest while you are in hospital?

CPR will *not* be started if:

- You have a ‘No CPR’ order in place, or
- Your healthcare team determines that the risks outweigh the benefits for you. In such cases, a No CPR order may be written or CPR may be stopped if already started.

Code Status

What is “Code Status?”

Code status is a medical order kept in your health record. It tells your healthcare team if CPR should be attempted as part of your care plan. If your heart or breathing stops. A code status might be:

(a) **Full resuscitation** (or “Full Code”), or

(b) **No resuscitation** (“No CPR,” sometimes called Do Not Resuscitate or DNR) with different options for treatments and ongoing care

When is Code Status discussed?

Your healthcare team may speak with you and/or your substitute decision maker (SDM):

- Soon after you are admitted to hospital.
- If there is any change in your health while you are in hospital.
- If you and/or your SDM wish to speak to the healthcare team.

Your healthcare team will encourage you to include your essential partners-in-care and substitute decision maker(s) in this conversation. A decision about CPR may not take place after 1 conversation. This is not an easy conversation for you and/or your SDM. You should speak about your wishes, values and beliefs and consider the risks and benefits of CPR for you during these conversations.

Why is a Code Status order needed?

Your healthcare team is trained to respond to cardiac arrest as a life-threatening emergency. In an emergency, there may not be time to talk about the pros and cons of CPR, or to contact your essential partners-in-care or substitute decision maker(s). so having the order in place lets your healthcare team know what to do.

How is Code Status different from an Advanced Care Plan?

Advance care planning helps patients identify their wishes, values, and beliefs, including which treatment(s) they may or may not want at the end of life. The aim of these discussions is to help prepare patients and SDMs for future decision-making.

Code Status is an order that is part of your care plan prepared by a doctor or nurse practitioner, for the use of health care providers. It lets the healthcare team know if a patient is to have CPR attempted or not in the event of a cardiac arrest. If CPR is to take place, it also tells the healthcare team what interventions that the patient may not want, such as having a breathing tube used.

The code status refers *only* to CPR. It does not apply to any other decision such as whether or not to have a feeding tube, or have dialysis, etc.

How is a Code Status decision made?

Some patients, after speaking with family or SDMs and considering the benefits and risks of CPR, might decide they do not want to be resuscitated and can ask for a No CPR order if the patient is mentally capable to do so. If the patient is cognitively impaired,

unconscious or unable to communicate, they would be considered incapable of making this decision. In this case, the patient's substitute decision maker might decide for No CPR based on what the person would have wanted or in the best interests of the patient.

Otherwise, where the risk of harm is greater than the potential benefits, doctors may determine that CPR should not be done and write an order to state this in the patient's medical record. It may come as a surprise to learn that doctors do not need to get consent before deciding not to do CPR. This is the same case when doctors decide not to give other treatment such as surgery, for example, because it would be medically inappropriate to do so. In other words, it would not be within the standard of care. When a No CPR order is written, there will always be communication to tell the patient/SDM either before or when the order is written.

Why do patients choose No CPR?

Many people with a terminal illness or debilitating disease choose No CPR for different reasons, such as:

- They do not wish to prolong the dying process,
- They do not want to risk returning after cardiac arrest to a "fate worse than death"
- They are no longer able to achieve their goals
- The risks of CPR outweigh the benefits.

I don't want to have resuscitation attempted. What do I do?

1. Tell your healthcare team that you want to talk to your doctor.
2. Ask the doctor for a No CPR order to be placed in your health

record.
3. Tell your SDM and essential partners-in-care about your decision.

Will I still receive other types of treatment with a No CPR code status?

Yes, you still get other types of treatment in your care plan. The No CPR order applies to cardiac arrest *only*. Your doctor will speak with you about your ongoing treatment plan.

No CPR only means "no cardiopulmonary resuscitation," it does *not* mean "do not treat."

Can I change my mind?

If you or your SDM have decided for No CPR and the order has been made, and *if* CPR is still something your doctor sees as a beneficial treatment option, you can change your mind at any time, even after your doctor has written the order. Talk to your doctor to explore if CPR is still appropriate and offered as a treatment.

I want to have resuscitation attempted. What do I do?

Talk to your doctor and tell your family and friends about your wishes. If resuscitation is seen by the doctor as an appropriate option and is offered as a treatment, you do not have to do anything further.

Can I say no to other life saving measures?

Yes. While some patients only choose "No CPR," you can also choose to refuse specific parts of resuscitation. Speak with your doctor, about your choice to refuse specific interventions, such

as being placed on a ventilator, for example.

What if family members disagree with my decision for No CPR?

Your wishes are the most important consideration, even if your family does not share the same wishes. If your family members do not agree with your choices, it may be time to ask to speak with the Clinical Ethicist, who has been trained to help patients and families with difficult conversations.

What about confidentiality?

Your code status is confidential. Your healthcare must to everything possible to protect the confidentiality of your personal health information.

What about a cardiac arrest during procedures? Is that different?

Cardiac arrests that occur during procedures, such as surgery, may be caused because of the procedure itself, not because of a disease or condition you already have. Due to this factor, and since there is already a medical team right beside you during such procedures, CPR in these cases tends to be more successful than CPR in other environments.

Some patients who wish to have No CPR might choose to suspend their No CPR order and be Full Code during a procedure, such as surgery. This can be done *if* CPR is still seen by the doctor as an appropriate option. Since each patient is different, patients should talk about their health status and options with the surgeon and/or attending doctor before the surgery takes place.

What if I am transferred to another institution, such as leaving the hospital for long-term care?

Code status orders are not transferable from one health care setting to another. Code status orders are thought of as your prior expressed wishes. Your team will discuss your code status when you are admitted or re-admitted to the long-term care home and if there are changes in your medical condition.

I have a number of concerns about my care at the end of life. Who do I talk to?

It is never easy to talk about these things. It is important to talk about your wishes *before* a decision needs to be made right away, due to a change in your medical condition. It is a good idea to share your concerns with your family or substitute decision maker(s), so they know what matters to you. Also, you can speak with your healthcare team, if you have questions or concerns.

You may want to talk about Advance Care Planning with your SDMs and loved-ones. There are many good reasons to pick a substitute decision maker, such as when making Power of Attorney for Personal Care document).Your SDM should be someone you trust to make health care decisions for you if you are unconscious or incapacitated. If you need more information, please see the resources listed at the end of this information/booklet.

I'm having difficulty with this issue. Can I get some help?

We are here to support you. Please speak to any team member, such as nurses, social workers, spiritual care providers and

doctors. The Clinical Ethicist is also available on request to speak with for support with decision-making.

Resources

- Advance Care Planning Canada's Advance Care Planning Resources
- Advance Care Planning Ontario's Online Advance Care Planning Workbook
- Choosing Wisely Canada's Serious Illness Conversations Patient Resources
- College of Physicians and Surgeons of Ontario – Decision Making for End-of-Life Care: Guide for Patients and Caregivers

Developed by: Lakeridge Health Ethics Committee

Last Updated: January 2026

www.lakeridgehealth.on.ca