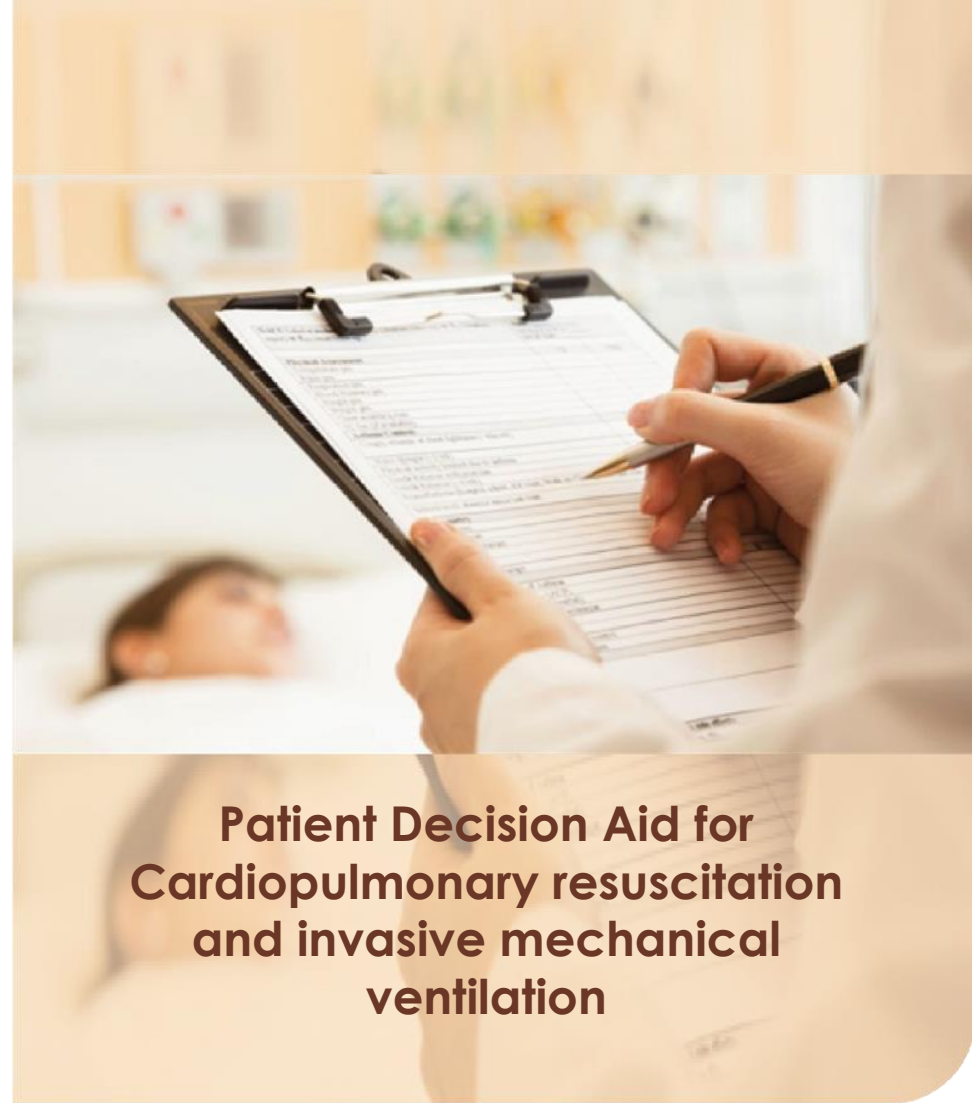


This decision aid was developed in collaboration with:



And with the help of patients admitted to the Intensive Care Unit of the Hôpital-Dieu de Lévis hospital and their family members.

Updated February, 21st, 2016



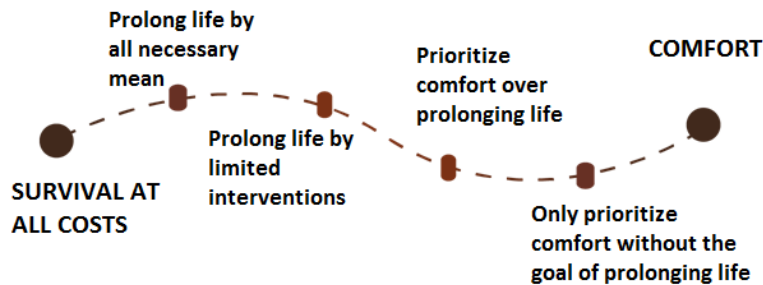
Patient Decision Aid for Cardiopulmonary resuscitation and invasive mechanical ventilation

Intended for capable patients admitted to the Intensive Care Unit of the Hôpital-Dieu de Lévis hospital

Introduction

Once admitted to the intensive care unit, it is important to clarify your goals of care to ensure that the interventions offered to you are in line with your health and your wishes.

There are four different goals of care :



This document was created to help prepare you to have a discussion with your physician. In particular, you will discuss your wishes, current and anticipated levels of independence and two interventions :

- 1: Cardiopulmonary Resuscitation (or CPR)
- 2: Invasive mechanical ventilation (being connected to a breathing machine)

What happens after this conversation?

Your goals of care will be added to your medical chart and your treatment plan will be adjusted, accordingly.



You can always change your mind. Just let a team member know.



If you have any questions or concerns about the information provided in this decision aid, please feel free to discuss your concerns with your care team.

Summary

This document presented you with two interventions. You reflected on your wishes and your current and anticipated levels of independence.



For now, if your heart stops beating, would you like your care team to attempt CPR?

Yes No Undecided



If necessary, would you want to be kept alive with invasive mechanical ventilation?

Yes No Undecided

Notes

Your wishes and current and anticipated levels of independence

Below are a few questions to help your care team get to know you:

Do you know anyone who has experienced CPR or invasive mechanical ventilation ?

What are your wishes when it comes to CPR and invasive mechanical ventilation?

What are the benefits and the risks of Invasive Mechanical Ventilation?

Before your current hospitalization, how did you complete your day-to-day activities? (Check all that apply)

	✓
without help?	
with an assisting device? (ex: a cane, a walker)	
with adaptation? (ex: wheelchair ramps)	
with human help? (ex: help from a family member, home health aide)	

If you lose your independence after this hospitalization, would you accept to live: (check all that apply)

	✓
at home with help?	
in a long-term care facility for semi-independent persons?	
in a long-term care facility for non-independent persons?	

If your condition necessitates the use of invasive mechanical ventilation, you can still die whether or not you accept this intervention. If you accept invasive mechanical ventilation, the chances of surviving are higher, but the side effects are also higher.

BENEFITS	RISKS
Can avoid sudden death	Complications (ex: pneumonia)
Can possibly regain former level of independence and leave the hospital	Emotional and physical suffering

If you refuse invasive mechanical ventilation, other less aggressive and less effective therapies could be offered to you. If invasive mechanical ventilation or other less aggressive and less effective therapies were to fail, you would be offered palliative care.

Intervention #2 Invasive Mechanical Ventilation

Invasive mechanical ventilation takes place with the help of a machine that artificially reproduces natural breathing. The machine pushes oxygen into the lungs through a breathing tube installed through the mouth into the lungs.



Invasive mechanical ventilation does not, in-and-of-itself, heal the primary health condition.

It keeps the patient alive so that the care team can try and address the primary condition. During invasive mechanical ventilation, care team administers medication to the patient to reduce their discomfort. During invasive mechanical ventilation, patients cannot eat or speak normally.

When would prolonging your life become unacceptable? *(you can choose all that apply)*

	✓
If I were no longer able to communicate with others	
If I were no longer able to control of my personal care	
If I were bedridden but still able to communicate with others	

Before reading this document, had you already thought about :

	yes	no
your wishes to accept or not CPR and/or invasive mechanical ventilation		
the factors that would make prolonging your life unacceptable?		

Have you written these wishes somewhere?
(ex: a living will)

Intervention #1 Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary resuscitation (CPR) is a group of interventions used to try and restart the heart of an individual that has stopped beating.



When CPR is performed in a hospital :

1. Blood circulation is maintained by a **cardiac massage**
2. A tube is inserted in the mouth to assist breathing (**intubation and invasive mechanical ventilation**)
3. Electric shocks (**defibrillation**) can be used
4. **Medication** is administered

What are the benefits and the risks of Cardiopulmonary Resuscitation (CPR)?

If a person's heart stops beating and nothing is done, the person dies a painless death. If CPR is attempted, the individual has between 0 to 30% chance of survival, depending on their medical condition¹.

BENEFITS	RISKS
Can avoid a sudden death	Brain injury
Can possible regain former level of independence and leave the hospital	Fractured ribs

Your physician will be able to explain your chance of survival and your anticipated level of independence following CPR.



¹ Ebell *et al.*, 2014 et Canadian Researchers at the End-of-Life Network