



When a patient's heart or breathing unexpectedly stops, it is the policy of Dupont Hospital, Lutheran Hospital, Rehabilitation Hospital, St. Joseph Hospital, Dukes Memorial Hospital (and most other hospitals) that all patients will receive an emergency procedure to keep them alive—Cardiopulmonary Resuscitation (CPR).

While CPR can save lives, it may only prolong suffering when administered to terminally ill patients. If a death or near-death occurs, unless a "Do Not Resuscitate" or "No Code" order is written prior to the event, CPR will be administered.

It is important to know that a patient's or family's wishes regarding withholding resuscitation must be confirmed by their physician—only a physician can enter a "Do Not Resuscitate" or "No Code" order. It is equally important to know that a "No Code" order does not mean that all medical and nursing care will be withheld. "No Code" does not mean "no care!" Every effort will be made to provide humane care and comfort for the patient and family.

A "No Code" order is reversible. Should the patient's condition change or the family feel uncomfortable with the decision, the order may be changed at any time.

You may one day be faced with making the decision—resuscitation or no resuscitation—for yourself or a loved one. This choice is never easy. We have provided a glossary to define the terms most often used during discussion regarding this issue. Our nurses and your physicians are available to answer your questions. We encourage you to discuss this information with them and your family.

## Glossary

### **Cardiac Arrest:**

A situation which occurs when the heart stops beating or beats so ineffectively that it cannot supply the brain and other vital organs with adequate levels of oxygen.

### **Cardiopulmonary Resuscitation (CPR):**

An emergency procedure consisting of artificial ventilation (mouth-to-mouth rescue breathing or equivalent) and manual chest compressions performed to attempt to revive a patient who has suffered cardiac or respiratory arrest. In a medical setting, CPR can include intubation, administration of medications, placement of a pacemaker and/or electrical shocks to the heart.

### **Code Blue:**

A term used to alert hospital personnel that a cardiac or respiratory arrest has occurred. A specialized team of doctors, nurses and technicians responds to these situations to start CPR, administer medications and activate emergency equipment and procedures.

### **Defibrillation:**

Delivering an electrical shock to the patient's heart in an attempt to restart an effective heartbeat.

### **Do Not Resuscitate Order ("No Code"):**

An order written by a physician confirming the patient's and/or family's decision that the medical staff not begin CPR during a cardiac or respiratory arrest. Such an order is especially appropriate for the patient whose death is expected and inevitable.

### **Intubation:**

Insertion of a flexible plastic tube into the trachea (windpipe) through the mouth or nose to permit effective administration of oxygen and/or direct suctioning of secretions. The tube may also be referred to as an ET tube (endotracheal tube).

### **Lines:**

Special soft flexible intravenous catheters placed in major vessels or arteries to allow the administration of medications and/or the monitoring of pressures in the arteries (blood pressure) or within the heart.

### **Pacemaker:**

An electronic device used internally or externally to stimulate and/or regulate the heart.

### **Respiratory Arrest:**

A situation which occurs when the patient stops breathing or breathes so erratically or weakly that oxygen levels are not maintained. Usually, respiratory arrest leads to a cardiac arrest.

### **Ventilator:**

A mechanical device or machine used to substitute for, or assist with, a patient's breathing. Requires an artificial airway (intubation).