

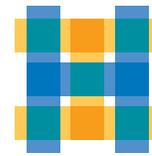
# Types of resuscitation

## **Cardio pulmonary resuscitation (CPR):**

CPR is an emergency treatment used when the heart and/or breathing stops. CPR is performed in an attempt to restart the heart and breathing. It may consist of artificial breathing and it can include pressing on the chest to mimic the heart's function to restart circulation. Electric shocks (referred to as defibrillation) and drugs (also known as inotropes and vasopressors) can also be used to stimulate the heart.

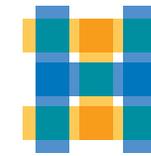
**Defibrillation:** Defibrillation involves sending a powerful electric shock through the heart. It is used when the heart stops beating effectively on its own. If the heart has lost all of its electrical activity or is so damaged that it no longer has enough muscle to pump blood through the body, defibrillation may not be successful in restarting the heart.

**No-CPR order:** For some patients, CPR may be ineffective in restarting the heart and breathing, may cause more harm than benefit, or may not align with patient wishes or goals. A no-CPR order instructs health care providers to not attempt CPR, defibrillation, or insertion of a breathing tube (also known as intubation) in the event of a cardiac arrest (when the heart stops beating) or respiratory arrest (when breathing stops). This decision is made in consultation with the patient or substitute decision-maker(s). **Remember** a no resuscitation order does not mean 'do not treat'.



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## What should you do?

Discuss the plan of care as a family and with the health care team. The plan of care should reflect the expressed wishes of the patient. If the patient lacks capacity to make a decision about resuscitation, the patient's substitute decision-maker should make decisions in accordance with the patient's prior expressed wishes (if known) or the patient's best interests. The social worker and the rest of the health care team is available as a support and resource to patients and families during this difficult time.

Bring to the hospital any documentation that outline the wishes of the patient so it can be reviewed together with the health care team.

A translator can be arranged if you feel this could benefit you. We hope that the information in this pamphlet has been beneficial to you during this critical time.



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## What is Life Support?

*Information for patients and families  
from the Critical Care Unit*

# What is Life Support?

This brochure has been created to help patients and families understand the various types of life support. It is important to understand this information so that patients or substitute decision-makers can make informed decisions regarding care.

Life support is used to support or replace a failing bodily function. In treatable conditions, life support is used temporarily until the body can resume normal functioning.

A treatment may be beneficial if it restores function, relieves suffering, or enhances a patient's quality of life. The same treatment can be considered harmful if it does not offer any benefit or if it actually diminishes a patient's quality of life.

Decisions regarding life support are both personal and medical. All life support measures are optional treatments. However, not all forms of life support may be appropriate for a patient. It is important to talk to the health care team regarding the risks and benefits and possible outcomes of each therapy.

If the patient or substitute decision-maker chooses not to include some of these therapies in the treatment plan and would like to focus primarily on comfort, it does not mean that all medical care will stop. Care will continue to be provided and guided by the expressed wishes of the patient.

## Comfort care

Comfort care is a comprehensive approach to treating the symptoms of an illness when there is no cure. Comfort care focuses on the physical, psychological, and/or spiritual needs of the patient. The goal is to achieve the best possible quality of life by relieving suffering, controlling pain and symptoms and attaining maximum independence.

## Types of life support

**Vasopressors:** Vasopressors are a group of powerful drugs that cause blood vessels to contract, thereby raising blood pressure.

**Mechanical ventilation:** Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator forces air into the lungs through a breathing tube. The ventilator may be used short term or it may be needed indefinitely for permanent lung disease or trauma to the brain. For more information please refer to the "What is a ventilator" brochure.

**Noninvasive ventilation (BiPAP):** Noninvasive ventilation is performed with a ventilator or another breathing machine called BiPAP. It is used when a patient cannot breathe completely on their own and needs help getting oxygen into their lungs. The patient wears a special face mask connected to the ventilator or the BiPAP machine.

### **Artificial nutrition and hydration:**

Nutrition and hydration may be supplied temporarily until the patient recovers adequate ability to eat and drink or it can be supplied indefinitely. Although potentially valuable and life saving in many situations, artificial nutrition and hydration does not necessarily provide appropriate care for dying patients.

**Tube feeding:** Tube feeding is the administration of a nutritionally balanced liquid formula through a feeding tube. Most commonly, a feeding tube is inserted into the stomach via the nasal passage (nasogastric or "NG" tube). Less commonly, through a surgical procedure, the feeding tube is inserted through the wall of the abdomen into the stomach (gastrostomy tube or "PEG") or into the small intestine (jejunostomy tube).

**Intravenous (IV) feeding:** Intravenous (IV) feeding is given to patients who are unable to use their digestive tract. Similar to tube feeding, the IV solutions provide the patient with the total amount of protein, carbohydrate, fat, vitamins, and minerals they need.

**Dialysis:** Dialysis does the work of the kidneys, which removes waste and excess fluid from the blood. Blood circulates from the body through the dialysis machine, where it is filtered and then returned to the body. At North York General Hospital, dialysis can only be performed in the Critical Care Unit. Some patients needing dialysis long-term may require transfer to a hospital with a chronic dialysis unit.