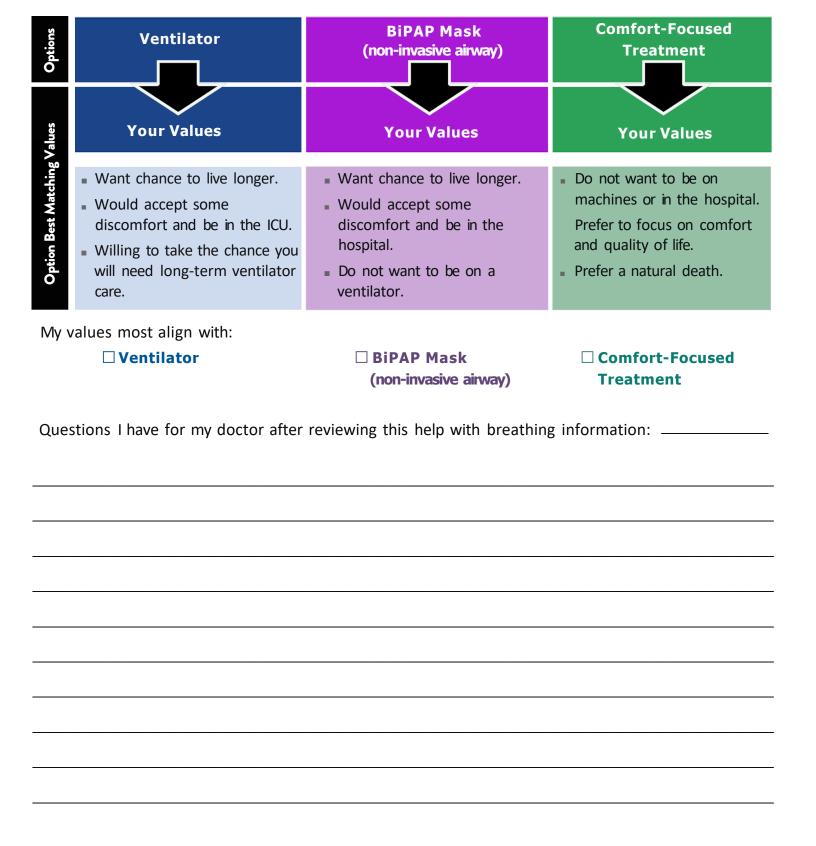
Help with Breathing Decision Aid

For people with underlying. serious illness (like heart or lung disease or cancer) facing a decision about getting short-term help with breathing.

What care would you like if you are not able to breathe on your own? This may occur if you have a problem or complication, from your serious illness. The complication perhaps can be treated, but you would need help with breathing. This decision aid will help you learn about the options and think about your personal values and what matters most to you. Talk with your doctor about what you may expect. You may change your choice at any time. Whatever your choice, you will be kept as comfortable as possible.

Options	Ventilator	BiPAP Mask (non-invasive airway)	Comfort-Focused Treatment
Description	 Tube goes into mouth or nose, down throat, and into windpipe. Tube is connected to a machine called a ventilator. 	 Tight-fitting mask covers nose and mouth. Mask is connected to a machine. 	May include:- Medicine and oxygen to control symptoms- Physical and emotional support
Purpose	Pushes oxygen into lungs to help you breathe.	Pushes oxygen into lungs to help you breathe.	Helps control shortness of breath.Helps cope with anxiety and fear.
Benefits	 May allow you to recover from a breathing problem from your illness (like pneumonia). May allow you to live longer. 	 May allow you to recover from a breathing problem without a ventilator. May allow you to live longer. 	Avoids machines.May allow you to be at home.Helps keep you comfortable.
Short-Term Effects	 Cannot speak or swallow. Need medicine to help stay calm. Need to be in the intensive care unit (ICU). 	 Mask may cause skin irritation or bruising. Mask will make it hard to talk or eat. May need medicine to stay calm. May need to go to hospital. 	 Medicines may make you drowsy. Oxygen may make mouth and nose dry.
Long-Term Effects	 Most likely unable to go home on ventilator. May not be able to get off the ventilator. Health may get worse and other problems may occur. 	May not work and breathing problem may continue to get worse.	■ Will not extend your life.



Cardiopulmonary Resuscitation (CPR) Decision Aid

For people with serious illness (like heart or lung disease or cancer) facing a decision about attempting CPR.

What care do you want if your heart stops? This decision aid will help you learn about the options for CPR and think about your personal values and what matters most to you. Talk with your doctor about what you may expect. You may change your choice at any time. Review the information on both sides of this decision aid.

01 11115 0	ecision aid.	
Options	Attempt CPR	Do Not Attempt CPR
Description	 Done for you by someone else and can include: Pressing hard on your chest. A tube to help you breathe. Electrical shock and drugs. 	Will receive care to treat your symptoms and keep you comfortable.Will not receive CPR if your heart stops.
Purpose	Attempts to restart your heart and breathing.	■ Allows a natural death.
Benefits	May restart your heart and breathing. Review the facts (on the back) about the chances of CPR restarting your heart.	Avoids machines.Avoids the side effects of CPR that would be unacceptable to you.
Short-Term Effects	 Will be on a breathing machine for a time. Will be in the intensive care unit (ICU). May have damaged or broken ribs. 	No attempts to restart your heart will be made and death will occur.
Long-Term Effects	 May have mild to severe brain damage. May nolonger beable to live alone. 	
i	Your Values	Your Values
Option Bes Matching Val	 Want the chance to live. Would accept the fact that CPR may not restart your heart and breathing. Willing to accept the side effects of CPR. 	 Prefer a natural death. Unwilling to accept the fact that CPR may not restart your heart and breathing. Unwilling to accept the side effects of CPR.

My values most align with:

☐ Attempting CPR

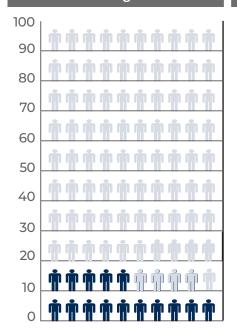
□ Not attempting CPR

uestions I have for	· my doctor after	reviewing this C	CPR information	n:		
	 				 	

CPR in the hospital

Adults with serious illness who get CPR and live

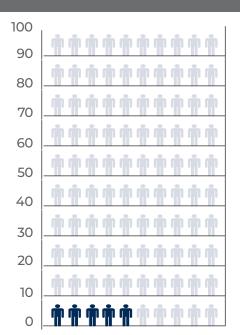
At most, 15 out of 100 leave the hospital and most do not discharge to home¹



CPR outside the hospital

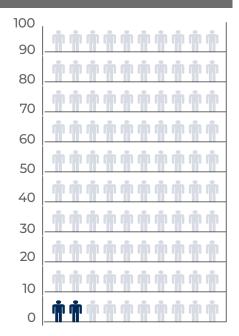
Adults living in the community who get CPR and live

5 out of 100 leave the hospital and may live up to 1 year²



Adults living in a residential setting who get CPR and live

2 out of 100 leave the hospital and may live up to 1 year²



CPR Facts What you should know



This guide provides information about CPR (cardiopulmonary resuscitation) and how well it may work for you. You will need to talk with your doctors about what you might expect. CPR has side effects that you should know about before you make a decision. Age and health make a difference. The doctor who knows you best can help you make a decision.

What is CPR?

CPR is an emergency procedure to try to restart your heart and breathing if they stop. CPR can include any or all of the following:

- · Pressing on your chest.
- Mouth-to-mouth breathing or a tube to help get oxygen into your body.
- · Electrical shock and medicines.

Will CPR work for you?

Talk with your doctor about how well CPR would work for you. Some things to consider:

- CPR works best if you are healthy and CPR is started immediately after your heart and breathing stops.
- CPR is less likely to be successful if you are older, weak or living in a nursing facility.
- CPR does not fix or improve the reason that caused a person's heart and breathing to stop.

What can happen after CPR?

- If you receive CPR outside of the hospital, it requires transfer to a hospital to receive ventilator (breathing) support and care in an ICU (intensive care unit).
- If you survive, you may return to your current health, or you may have a decline in your physical or mental function.

Making a decision about CPR

Talk with your doctor about what results you might expect with CPR. If you do not want to try CPR, talk to your doctor about how to document your decision by creating a medical order. Whatever you decide, you will always be offered appropriate care and make other health care decisions. Tell your doctor and patient advocate about your decision.

The success of CPR

By "success," we mean living through CPR and being able to leave the hospital.

