“Sharing and Involving”

Information for patients and their carers to help make decisions about CPR (Cardiopulmonary Resuscitation)

This leaflet tells you and those close to you what CPR is and how decisions about CPR are made. It may not answer all of your questions so please speak to your healthcare team about anything you do not understand.

Version 2 of Patient Information resource reviewed by NHS Wales AFCP Strategy Group in 2021.
Access full DNACPR policy and resources here www.wales.nhs.uk/DNACPR

What is CPR?

CPR is an emergency intervention that tries to restart your heart and breathing if they stop. This can be a medical emergency but for many it is a natural process at the end of life. CPR is a separate and different intervention to the treatment that you are already receiving.

CPR may include:

- Repeatedly pushing down firmly on your chest.
- Using a special mask or a tube to help you breathe.
- Using electric currents from a defibrillator to try and restart your heart.
- Using injections to try to restart your heart and circulation.

Talking about CPR

Depending on the healthcare setting and your health a GP, hospital doctor,or senior nurse/allied healthcare practitioner may wish to discuss your views around CPR. They will help you to reach an understanding.

What if I don't want to talk about CPR right now?

- You don't have to talk about CPR if you don't want to. If you feel you're not ready to talk about it - just say.
- You may wish to discuss your views around CPR with your family, close friends or carers. They will help you reach an understanding you are c omfortable with.
- Although this may be difficult, please discus s CPR with your healthcare team as soon as you feel able to. This will make certain that your healthcare team fully understand your wishes.

If you are ready to think about CPR please read on. Otherwise please keep this leaflet safe so that you can read it when you are ready

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Who decides about CPR?

You and your healthcare team can discuss if you would be likely to benefit from CPR. They will want to know what you think. Your wishes are very important in making this decision. Unless there are exceptional clinical reasons they will discuss this with you and the DNACPR form will be kept with your health records.

If you want to, you can talk to the healthcare team looking after you about CPR. Together you can talk about:

- Your wishes and beliefs.
- Your current health.
- Whether CPR is likely to restart your breathing and heart, and for how long.
- Also whether CPR will help you live longer in a way you can enjoy.
- Also what effect CPR might have on your future health and the way you enjoy life

If you and the team decide that you should not have CPR then the decision will be documented in your notes on a form called ‘Do Not Attempt Cardiopulmonary Resuscitation’ (a DNACPR form).

Will CPR work for me?

CPR does not always work and will depend on:

- Why your heart and breathing has stopped
- What illnesses or medical problems you have (or have had in the past)
- Your general health

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Does everyone get back to normal after CPR?

Sadly most people do not survive after a cardiac arrest. Those with complex medical problems are much less likely to make a full recovery. It is important that you know that:

- Patients are often critically unwell after CPR and may need more treatment in a coronary care or intensive care unit

- Most patients do not return to the physical or mental health they had before they had CPR. Some may need a lot of rehabilitation.

- Unfortunately some patients go into a coma from which they might not recover or might suffer from brain damage.

Is CPR tried on everyone whose heart and breathing stop?

If you are seriously ill and near the end of your life, there may be no benefit in trying to resuscitate you as the heart and breathing will stop as a natural part of dying. In these cases, it is more important to keep you pain-free, comfortable and supported. CPR may offer false hope and do more harm than good by not allowing you to die a natural death.

- If your heart and breathing stops unexpectedly, for example if you have a serious injury or heart attack, **unless you and your healthcare team have already put a DNACPR order in place the healthcare team <u>will try CPR</u>** if they think there is a chance of recovery.

- If your breathing and heart stop before a decision on CPR has been reached, the healthcare professionals looking after you will decide whether to try CPR. They will take into account your general health, things you may have already discussed with them, the views of those closest to you and also how likely it is that CPR will succeed.

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Who makes the decisions if I can't?

If you are unable to understand the information you are given about CPR and cannot make the decision for yourself someone else may be able to decide for you.

For patients unable to make a decision because of illness or a learning disability a person (a legal proxy) can be appointed to make a decision on your behalf to help decide for you. A legal proxy can be:

- Someone you appointed as your Lasting Power of Attorney (LPA) for Health and Welfare **or**
- Someone a court has appointed to be your welfare guardian, **or**
- Someone a court has appointed by an intervention order to make a oneoff decision (about CPR).

The clinician will always talk through the decision with the legal proxy if this is possible.

- Although your family and friends are not allowed to decide for you, unless they have been given this authority in the form of an LPA, your healthcare team will talk to them to understand your wishes and beliefs.

- If there are people you do or do not want to be asked about your care, you should let your healthcare team know as soon as possible.

What should I do if I know that I don't want CPR?

- If you don't want anyone to try CPR, tell your healthcare team. They must follow your wishes.

- Consider telling those close to you your wishes, so they can tell your healthcare team what you want if they are asked.

- You can make an advance decision or 'Advance Decision to Refuse Treatment' (ADRT) putting your wishes /refusals in writing. If you have an advance decision, **please make sure your healthcare team know about it so that they place a copy of it in your health records. See www.wales.nhs.uk/AFCP**

If you change your mind you should tell the Senior Doctor or Nurse as soon as possible.

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What if I want CPR, but my clinician says it won't work ?

When you discuss CPR your clinician may say that CPR would not work for you.

- No clinician will refuse your wish for CPR ***if*** there is a fair chance that it can be effective.

- If your healthcare team feel CPR will not work for you, you can ask them to arrange a second medical opinion if you would like one.

- If it is thought that CPR is likely to leave you severely ill or disabled, your opinion about whether these chances are worth taking is very important. Your healthcare team must listen to your opinions and to anybody you want to involve in the discussion.

- You and those closest to you should be aware that there is no legal right to demand any treatment that will not work.

When a decision not to try CPR has been made

If you have decided you do not wish CPR to be tried, or if your clinicianis sure CPR will not work, this will be written on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). This will be kept with your health records.

This decision is about CPR **only**. You will get any other treatment that you need, to keep you as well and comfortable as possible.

Your healthcare team will continue to give you the best care and treatment according to your individual needs.

What if I am at home?

Many patients who are dying choose to die at home. Even if people close to you know that you do not wish CPR to be tried, they may feel the need to call an ambulance if they become worried about you.

If the ambulance crew or health professionals are informed you have a DNACPR form at home, they must respect your wishes. They will make you as comfortable as possible and arrange further care. They will not try CPR.

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What happens if I am discharged from hospital?

To help ensure that other health professionals know your wishes:

- The hospital team will inform the ambulance crew of your wishes
- Your healthcare team will give you a copy of the DNACPR form to take home.
- Please tell people close to you where you keep your DNACPR form should you need to be seen by clinical teams urgently in the future.

If my situation changes or I change my mind?

If your health situation changes your healthcare team will review the decision about CPR. You can also request a review if you change your mind about your decision. Feel free to discuss your feelings with the doctors or nurses looking after you.

Can I see what's written about CPR?

You have a legal right to see and have copies of your records

You can see what's written about CPR in your health record. Your healthcare team will have noted what you have said about CPR, and will record any decisions made along with you, in your health records. Your healthcare team should explain any words you don't understand.

Who else can I talk to about this?

- Any member of staff involved in your care,
- Those closest to you,
- Patient support organisations – for example Macmillan Cancer Support www.macmillan.org.uk or Age UK www.ageuk.org.uk/cymru,
- The hospital chaplain,
- Your own spiritual adviser,
- Independent advocacy services. An advocacy service can help you express your views or make your own decisions, or can speak on your behalf.
- British Humanist Association www.https://humanism.org.uk/

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How can I find out more?

For more information about anything in this leaflet, please contact:

- A member of NHS staff involved in your care
- The NHS Direct helpline on 0845 46 47 or NHS Direct 111
- The NHS Wales TalkCPR website has further information for patients www.talkcpr.wales and the All Wales DNACPR policy can be found here: www.wales.nhs.uk/DNACPR
- NHS Wales Advance Care Planning resources including information on 'Advance Decisions': www.advancecareplan.org.uk & www.wales.nhs.uk/AFCP
- Your local citizens advice bureau (find your nearest bureau online at http://www.adviceguide.org.uk/wales.htm or in your local phone book).

For more information about advocacy and to find a local advocacy group, contact:

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Phone ……
Website……..

For more information about legal proxies contact:

The Office of the Public Guardian (England and Wales)
Phone: 0300 456 0300
E mail: customerservices@publicguardian.gsi.gov.uk
Website: www.gov.uk/government/organisations/office-of-the-public-guardian

For more information about making a complaint, you can get a copy of the leaflet ***Putting Things Right: Raising a Concern about the NHS*** from:

- Someone in your healthcare team
- The NHS Direct helpline on 0845 46 47
- Website:https://gov.wales/nhs-wales-complaints-and-concerns-putting-things-right
- Your local citizens' advice bureau (find the nearest bureau on the internet at http://www.adviceguide.org.uk/wales.htm or in your local phone book).

This information was developed by the All Wales DNACPR Group and produced after consultation with relevant stakeholders. It is available on all NHS Health Board websites.

You can ask someone in your healthcare team for a copy.

YouTube TalkCPR videos QR code:

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Sut galla i ddarganfod mwy?

I gael mwy o wybodaeth am unrhyw beth yn y daflen hon, gallwch gysylltu â/ag:

- Aelod o staff GIG sy'n ymwneud â'ch gofal
- Llinell Gymorth Galw Iechyd Cymru ar 0845 46 47 & NHS Direct 111
    - Siarad am CPR- Trafod DNACPR www.talkcpr.cymru
- Cynllun Gofal o Flaen Llaw ar gyfer Cymru: https://advancecareplan.org.uk/cymru/ & www.wales.nhs.uk/AFCP
- Eich canolfan cyngor ar bopeth leol (chwiliwch am eich canolfan agosaf ar lein ar <http://www.adviceguide.org.uk/wales.htm> neu yn eich llyfr ffôn lleol.

I gael mwy o wybodaeth am eiriol ac i gael hyd i grŵp eiriol lleol, gallwch gysylltu â:

……
Ffôn …… Gwefan……..

I gael mwy o wybodaeth am brocsi cyfreithiol, gallwch gysylltu â:

Swyddfa'r Gwarcheidwad Cyhoeddus (Cymru a Lloegr)
Ffôn: 0300 456 0300
E-bost: customerservices@publicguardian.gsi.gov.uk
Gwefan: www.gov.uk/government/organisations/office-of-the-public-guardian

I gael mwy o wybodaeth am gyflwyno cwyn, gallwch gael copi o'r daflen ***Gweithio i Wella: Mynegi Pryder am y GIG*** oddi wrth:

- Rywun yn eich tîm gofal iechyd.
- Llinell gymorth Galw Iechyd Cymru ar 0845 46 47
- Gwefan: https://gov.wales/nhs-wales-complaints-and-concerns-putting-things-right
- Eich canolfan cyngor ar bopeth leol (gallwch gael hyd i'r ganolfan agosaf ar y rhyngrwyd ar http://www.adviceguide.org.uk/wales.htm neu yn eich llyfr ffôn lleol).

Datblygwyd y wybodaeth hon gan Grŵp DNACPR Cymru Gyfan ac fe'i lluniwyd ar ôl ymgynghori gyda budd-ddeiliaid perthnasol. Mae ar gael ar holl wefannau Byrddau Iechyd GIG. Gallwch ofyn i rywun yn eich tîm gofal iechyd am gopi.

YouTube Siarad CPR Fideos QR code:

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Beth sy'n digwydd os bydda i'n cael fy rhyddhau o'r ysbyty?

I helpu i sicrhau bod gweithwyr iechyd proffesiynol eraill yn gwybod am eich dymuniadau:

- Bydd y tîm ysbyty'n hysbysu'r criw ambiwlans am eich dymuniadau.
- Bydd eich tîm gofal iechyd yn rhoi copi o'r ffurflen DNACPR i chi i fynd adref.
- Cofiwch ddweud wrth y bobl agosaf atoch ble mae eich ffurflen DNACPR rhag ofn y bydd timau clinigol mewn argyfwng yn gorfod eich gweld yn y dyfodol.

Os bydd fy sefyllfa'n newid neu fy mod i'n newid fy meddwl?

Os bydd eich sefyllfa iechyd yn newid, bydd eich tîm gofal iechyd yn adolygu'r penderfyniad am CPR. Gallwch hefyd ofyn am adolygiad os byddwch chi'n newid eich meddwl am eich penderfyniad. Gallwch drafod eich teimladau gyda'r meddygon neu'r nyrsys sy' n gofalu amdanoch.

A alla i weld beth sydd wedi'i ysgrifennu am CPR?

Mae gennych hawl gyfreithiol i weld a chael copïau o'ch cofnodion.

Gallwch weld beth sydd wedi'i ysgrifennu am CPR yn eich cofnodion iechyd. Bydd eich tîm gofal iechyd wedi nodi'r hyn a ddywedoch am CPR, ac wedi cofnodi unrhyw benderfyniadau a wnaed wrth drafod gyda chi yn eich cofnodion iechyd. Dylai eich tîm gofal iechyd egluro unrhyw eiriau nad ydych yn eu deall.

Â phwy arall y galla i drafod hyn?

- Unrhyw aelod o'r staff sy'n ymwneud â'ch gofal.
- Y rhai agosaf atoch.
- Mudiadau cefnogi cleifion – er enghraifft Cefnogi Canser Macmillan www.macmillan.org.uk neu Age UK www.ageuk.org.uk/cymru.
- Caplan yr ysbyty.
- Eich cynghorydd ysbrydol personol.
- Gwasanaethau eiriol annibynnol. Gall gwasanaethau eiriol eich helpu i fynegi eich barn neu wneud eich penderfyniadau eich hun neu gallan nhw siarad ar eich rhan.
- Cymdeithas Dyneiddwyr Prydain www.https://humanism.org.uk/

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Beth os bydda i am gael CPR, ond bod fy meddyg yn dweud na fydd yn gweithio?

Pan fyddwch chi'n trafod CPR, mae'n bosibl y bydd eich meddyg yn dweud na fydd CPR yn gweithio i chi.

- Ni fydd unrhyw feddyg yn gwrthod eich dymuniad am CPR ***os*** oes siawns teg y gall fod yn effeithlon.

- Os bydd eich tîm gofal iechyd yn teimlo na fydd CPR yn gweithio i chi, gallwch ofyn iddyn nhw drefnu cael ail farn feddygol os byddwch yn dymuno cael un.

- Os mai'r farn yw y gallai CPR eich gwneud yn hynod sâl neu anabl, bydd eich barn a ddylid cymryd y siawns hwn ai peidio yn hynod bwysig. Rhaid i'ch tîm gofal iechyd wrando ar eich barn ac ar farn unrhyw un yr hoffech chi i fod yn rhan o'r drafodaeth.

- Dylech chi a'r rhai sydd agosaf atoch fod yn ymwybodol nad oes unrhyw hawl gyfreithiol i fynnu unrhyw driniaeth na fydd yn gweithio.

Pan fydd penderfyniad i beidio â dechrau CPR wedi'i wneud?

Os byddwch chi wedi penderfynu nad ydych am iddyn nhw ddechrau CPR, neu os bydd eich meddyg yn sicr na fydd yn gweithio, bydd hyn wedi'i nodi ar ffurflen 'Peidiwch â Dechrau Adfywio Cardiopwlmonaidd' (ffurflen DNACPR). Bydd hon yn cael ei chadw gyda eich cofnodion iechyd.
Am CPR yn unig y mae'r penderfyniad hwn. Byddwch chi'n cael unrhyw driniaeth arall sydd ei angen i'ch cadw mor iach a chyfforddus ag sy'n bosibl.

Bydd eich tîm gofal iechyd yn parhau i gynnig y gofal a'r driniaeth gorau i chi yn ôl eich angen.

Beth os bydda i gartref?

Mae nifer o gleifion sy'n marw, yn dewis marw gartref. Hyd yn oed os bydd y bobl sy'n agos atoch yn gwybod nad ydych am gael CPR a'i bod yn bryderus amdanoch, mae'n bosibl y byddan nhw'n teimlo'r angen am alw ambiwlans.

Os bydd y criw ambiwlans neu weithwyr iechyd proffesiynol yn cael eu hysbysu bod gennych ffurflen DNACPR gartref, mae'n rhaid iddyn nhw barchu eich dymuniad. Byddan nhw'n eich gwneud mor gyfforddus ag sy'n bosibl ac yn trefnu gofal pellach. Ni fyddan nhw'n dechrau CPR.

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Pwy sy'n gwneud y penderfyniadau os bydda i'n methu?

Os na fyddwch chi'n gallu deall y wybodaeth a gewch am CPR a'ch bod yn methu â gwneud y penderfyniad eich hun, mae'n bosibl y bydd rhywun arall yn gallu penderfynu ar eich rhan.
Ar gyfer cleifion sy'n methu â gwneud penderfyniad oherwydd salwch neu anabledd dysgu, gellir penodi person (procsi cyfreithiol) i wneud y penderfyniad ar eich rhan. Gall procsi cyfreithiol fod yn:

- Rhywun roeddech chi wedi'i benodi fel eich Atwrneiaeth Arhosol (LPA) ar gyfer Iechyd a Lles, **neu**
- Rywun y mae llys wedi'i benodi i fod yn warcheidwad lles i chi, **neu**
- Rywun y mae llys wedi'i benodi drwy orchymyn ymyrraeth i wneud penderfyniad unigryw (am CPR).

Bydd y meddyg bob amser yn trafod y penderfyniad gyda'r procsi cyfreithiol os bydd hyn yn bosibl.

- Er nad yw eich teulu na'ch ffrindiau yn cael penderfynu ar eich rhan, heblaw eu bod wedi cael yr awdurdod hwn ar y ffurflen LPA, bydd eich tîm gofal iechyd yn trafod gyda nhw i ddeall eich dymuniadau a'ch credoau.
- Os bydd pobl yr ydych am neu nad ydych am iddyn nhw drafod eich gofal, dylech ddweud wrth eich tîm gofal iechyd cynted ag sy'n bosibl.

Beth ddylwn i ei wneud os nad ydw i am gael CPR?

- Os nad ydych am i unrhyw un ddechrau CPR, dywedwch wrth eich tîm gofal iechyd. Mae'n rhaid iddyn nhw gadw at eich dymuniadau.
- Ystyriwch ddweud am eich dymuniad wrth y bobl agosaf atoch er mwyn iddyn nhw ddweud wrth eich tîm gofal iechyd os gofynnir iddyn nhw.
- Gallwch wneud penderfyniad ymlaen llaw drwy nodi eich dymuniad ar bapur. Os byddwch wedi penderfynu ymlaen llaw, **cofiwch sicrhau bod eich tîm gofal iechyd yn gwybod am eich dymuniad er mwyn iddyn nhw roi copi yn eich cofnodion iechyd.**

Os byddwch chi'n newid eich meddwl, dylech ddweud wrth yr Uwch Feddyg neu Nyrs cynted ag sy'n bosibl.

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Ydy pawb yn dychwelyd i normal ar ôl CPR?

Yn drist iawn, nid yw'r mwyafrif o bobl yn goroesi ataliad y galon. Mae'r rhai â phroblemau meddygol cymhleth yn llawer llai tebygol o wella'n iawn. Mae'n bwysig eich bod yn gwybod:

- Bod cleifion yn aml yn sâl iawn iawn ar ôl CPR a'i bod yn debygol y byddan nhw angen mwy o driniaeth mewn uned gofal coronaidd neu uned gofal dwys.
- Nid yw'r mwyafrif o gleifion yn dychwelyd i'r cyflwr iechyd corfforol na meddyliol yr oedd ganddyn nhw cyn cael CPR. Mae'n bosibl y bydd angen llawer o adsefydlu ar rai.
- Yn anffodus, mae rhai cleifion yn mynd i goma ac mae'n bosibl na fyddan nhw byth yn adfer neu gellir cael niwed ar yr ymennydd.

Ydyn nhw'n rhoi CPR i bawb y mae eu calon a'u hanadlu wedi peidio?

Os ydych chi'n ddifrifol wael ac yn agos at ddiwedd eich oes, mae'n bosibl na fydd unrhyw fudd o geisio eich adfywio gan y bydd y galon a'r anadlu'n peidio fel rhan naturiol o farw. Yn yr achosion hyn, mae'n fwy pwysig eich cadw'n ddi-boen, yn gyfforddus a rhoi cefnogaeth i chi. Mae'n bosibl y bydd CPR yn cynnig gobaith gwag ac yn gwneud mwy o niwed na daioni drwy eich atal rhag cael marwolaeth naturiol.

- **Heblaw bod eich tîm gofal iechyd a chi wedi sicrhau gorchymyn DNACPR,** bydd y tîm CPR yn dechrau CPR os byddan nhw'n meddwl bod cyfle i adfer. Bydd hyn yn digwydd os bydd eich calon a'ch anadlu'n peidio'n ddirybudd, er enghraifft, os byddwch chi'n cael anaf difrifol neu ataliad y galon**.**
- Os bydd eich anadlu a'ch calon yn peidio cyn i chi wneud penderfyniad am CPR, y meddygon sy'n gofalu amdanoch fydd yn penderfynu a ddylid dechrau CPR. Byddan nhw'n ystyried eich iechyd yn gyffredinol, pethau efallai y byddwch chi wedi'u trafod gyda nhw'n barod, barn y rhai agosaf atoch a hefyd, pa mor debygol yw hi y bydd CPR yn llwyddo.

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Pwy sy'n penderfynu am CPR?

Gallwch chi a'ch tîm gofal iechyd drafod a fyddwch chi'n debygol o elwa o CPR. Byddan nhw am glywed eich barn. Mae eich dymuniadau'n bwysig iawn wrth wneud y penderfyniad hwn. Heblaw bod rhesymau clinigol eithriadol, byddan nhw'n trafod hyn gyda chi a bydd y ffurflen DNACPR yn cael ei chadw gyda'ch cofnodion iechyd.

Os byddwch chi'n dymuno, gallwch drafod CPR gyda'r tîm gofal iechyd sy'n gofalu amdanoch. Gyda'ch gilydd, gallwch drafod:

- Eich dymuniadau a'ch credoau.
- Eich iechyd presennol.
- Ydy CPR yn debygol o ailddechrau eich anadlu a'ch calon ac am ba hyd.
- Hefyd, a fydd CPR yn eich helpu i fyw'n hirach mewn modd y gallwch chi fwynhau.
- Hefyd, pa effaith a all CPR efallai ei gael ar eich iechyd yn y dyfodol a'r modd rydych chi'n mwynhau bywyd.

Os byddwch chi a'r tîm yn penderfynu na ddylech chi gael CPR, yna nodir y penderfyniad yn eich nodiadau ar ffurflen o'r enw 'Peidiwch â Dechrau Adfywio Cardiopwlmonaidd' (ffurflen DNACPR).

A fydd CPR yn gweithio i fi?

Nid yw CPR bob amser yn gweithio a bydd yn dibynnu ar:

- Pam mae eich calon a'ch anadlu wedi peidio
- Pa salwch neu broblemau meddygol sydd gennych (neu pa rai a gawsoch yn y gorffennol)
- Eich iechyd yn gyffredinol

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Beth yw CPR?

Ymyrraeth frys yw CPR sy'n ceisio ailddechrau eich calon a'ch anadlu os byddan nhw'n peidio. Gall hwn fod yn argyfwng meddygol ond, i nifer, mae'n broses naturiol ar ddiwedd oes. Mae CPR yn ymyrraeth wahanol ac ar wahân i'r driniaeth rydych chi'n ei chael ar hyn o bryd.

Gall CPR gynnwys:

- Gwthio i lawr yn drwm ar eich brest drosodd a throsodd.
- Defnyddio mwgwd neu diwb arbennig i'ch helpu i anadlu.
- Defnyddio cerrynt trydan o ddiffibriliwr i geisio ailddechrau eich calon.
- Defnyddio meddyginiaeth, yn aml i mewn i'r gwythiennau, er mwyn helpu i ailddechrau eich calon.

Trafod CPR

Yn dibynnu ar y lleoliad gofal iechyd a'ch iechyd chi, mae'n bosibl y bydd Meddyg Teulu, meddyg ysbyty neu uwch nyrs yn dymuno trafod eich dymuniadau am CPR. Byddan nhw'n eich helpu i wneud penderfyniad.

Beth os nad wyf am drafod CPR ar hyn o bryd?

- Nid oes yn rhaid i chi drafod CPR os nad ydych yn dymuno gwneud hynny. Os byddwch chi'n teimlo nad ydych yn barod i'w drafod – dywedwch hynny.

- Mae'n bosibl y byddwch chi'n dymuno trafod CPR gyda'ch teulu, ffrindiau agosaf neu ofalwyr. Mae'n bosibl y byddan nhw'n gallu eich helpu i wneud penderfyniad yr ydych chi'n gyfforddus ag ef.

- Er y gall hyn fod yn anodd, cofiwch drafod CPR gyda eich tîm gofal iechyd cynted ag y byddwch chi'n gyfforddus i wneud hynny. Bydd hyn yn sicrhau bod eich tîm gofal iechyd yn llwyr ddeall eich dymuniadau.

Os ydych chi'n barod i feddwl am CPR, darllenwch ymlaen. Neu cadwch y daflen hon yn ddiogel er mwyn i chi ei darllen pan fyddwch chi'n barod

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“Rhannu a Chynnwys”

Gwybodaeth i gleifion a’u gofalwyr i’w helpu i wneud penderfyniadau am CPR (Adfywio Cardiopwlmonaidd)

Mae’r daflen hon yn dweud wrthych chi a’r rhai sy’n agos atoch beth yw CPR a sut i wneud penderfyniadau am CPR. Mae’n bosibl na fydd yn ateb eich holl gwestiynau felly cofiwch siarad â’ch tîm gofal iechyd am unrhyw beth nad ydych yn ei ddeall.

Version 2 of Patient Information resource reviewed by NHS Wales AFCP Strategy Group in 2021.
Access full DNACPR policy and resources here www.wales.nhs.uk/DNACPR