



*Chuukese*

## Questions about CPR

Few of us have ever seen CPR performed. Our understanding of CPR may come from what we see on TV, where it looks easy and seems to be very successful without any complications. Unfortunately, these TV images of CPR are not completely accurate. This brochure provides answers to some common questions about what CPR involves and what else is important to think about when making a decision about CPR.

### **Ekkoch kapas eis faniten ei mettoch CPR (Angasa Sefanii Emon Fansoun Epwe Kouno An Ngasangas)**

Fitemon me neich sia piin kuna met mei fis nupwen emon epwe fori angangen CPR ika angangen angasa sefanii emon nupwen epwe kouno an ngasangas. Napengeni met ach sinei ren ei mettoch CPR sia angei seni met si kuna me won tv, non nikinikin pun ew mettoch mi mecheres angangan ika ew mettoch kich mi chok tongeni fori pun ese or weiresin. Fan chomwong ekkei mettoch si kuna won tv ren CPR rese pwung. Ei kukkun pwuk epwe anisi kich ren ponuwen ekkoch ach kapas eis fan asengesin angangen ei mettoch CPR ika pwan met mi auchea sipwe weweiti nupwen epwe tori fansoun mi menei ach sipwe affata met ach mwochen ren ei mettoch CPR.

**Kōkua Mau – A Movement to Improve Care  
Kōkua Mau – Ew Angangangen Outekano Tumwunun Mei Samwau**

### **WHAT DOES CPR LOOK LIKE?**

CPR is a longer process than most people realize. It is an attempt to re-start the heart when the heart has stopped beating.

### **IFA USSUN NIKINIKIN EI METTOCH CPR?**

CPR ew mettoch napengeni kich aramas sie ekieki pun mi mwittir angangan. Ew angang minne mi menei ach sipwe sotuni ne angasa sefanii emon nupwen epwe kouno an ngasangas.

The person is placed on a hard board or on the ground and the center of the chest is pushed in at least 2 inches for an average adult. These chest compressions must be done 100 to 120 times each minute. Artificial respiration using a special mask and a bag over the person's mouth to pump air into the lungs may be started. When the emergency team arrives, a breathing tube may be inserted into the windpipe to provide oxygen, and a number of electrical shocks may be given with paddles that are placed on the chest. An intravenous line (IV) will be placed in a vein and medications will be given through the line.

Ewe aramas epwe nomw won mettoch mi pochokun ika nomw won pwun pun emon epwe tongeni itenatiw neupwan epwe ukukun 2 inis feinongan ika pun emonnewe a watte nefongun. Epwe nefinen 100 ngeni 120 ukukun an emon epwe chok enniwini ne itenanong neupwan iteiten minich. Mi kan or ekkoch masku mi fiti pwotou faniten aninisin fetanin asepan epwe tongeni pachapacheta won awen ewe aramas pun epwe anisi tonongen asepan non inisin. Nupwen repwe war chon pioing, mi tongeni pun repwe ngeni ekkewe tube ren aninisin an ngasangas ika an epwe awora ngeni asepan minne epwe tongeni ngaseri, repwe pwan tongeni angasa sefanii won ekkewe mettoch repwe pacheta neupwan an epwe tongeni mefi fifiin. Ika mi menei ar repwe pacheta iv ren safei epwe aea iwe ina repwe pwan fori.

If the heart continues to respond to these treatments, the person is taken to the emergency department. Those who survive will then be transferred to the intensive care unit at the hospital and attached to a ventilator (breathing machine) and a heart monitor. At this stage, most persons are still unconscious.

Ika mi memmef ewe aramas ren ekkewe aninisin ngasangas ngeni, iwe epwe no ngeni emerechensi ika pioing. Ren ekkewe iir mi niwin sefan ar ngasangas repwe no ngeni ewe kinikin me non pioing nenien ekkam mi kon chou ar semwen itan ICU pun repwe nomw won ewe tube ren aninisin ar angasangas, epwe pwan or mwesin epwe pacheta wor ren ar repwe nennengi mwokutun ngasangaser. Ika mwo repwe tori ei koukun, mi chomwong resapw mwo tongeni repwe memmef ika mwokutukut.

### **WHO IS LEAST LIKELY TO BENEFIT FROM CPR?**

Risk factors that are more frequent among older persons may contribute to lower chances of CPR survival as age increases. Most older adults do not have the type of heart rhythm that responds to CPR. Having any chronic disease that affects the heart, lungs, brain or kidneys can lower chances for survival after cardiac arrest. If a person has multiple advanced chronic illnesses, CPR survival will be even lower. Individuals in advanced stages of dementia have CPR survival rates three times lower than those without dementia. Several studies that looked at survival of frail nursing home residents in advanced stages of illness who were dependent on others for all of their care showed CPR survival rates of 0-5% even if they were transferred from the nursing home to the hospital before the cardiac arrest. Older adults in terminal stages of cancer had CPR survival rates 0-1%. Unlike younger persons whose healthy bodies may be able to withstand the shock of a cardiac arrest and respond to treatment, those at an advanced age with serious underlying health problems may be dying from progressive organ failure. Their bodies do not have enough reserve to tolerate the lack of oxygen that occurs with cardiac arrest, their hearts may not be able to pump effectively enough to respond to CPR attempts. Those with liver or kidney failure may not be able to use the emergency drugs that are given.

### **ION ESAPW KON OR NAMWOTEN CPR NGENI?**

Ekkewe iir ra nomw non ierin mwukono ika ierin chinap mi kon mecheres an epwe torir sakkopaten osukosuk, ikkenair epwe weires ar repwe niwin sefan ika ngasesefan nupwen emon epwe fori angangen CPR wor. Napengeni pichipichin ngasangasen ekkam ra chinap ese masengeni pichin ngasangasen emon minne epwe tongeni niwin sefan nupwen sipwe fori angangen CPR won. Emon mi or an semwenin ngasangas, ammat, tupwu, ika kidni epwe pwan weires an epwe tongeni niwin sefan ika ngasesefan nupwen epwe kouno an ngasangas. Emon mi chomwong ika sakkopaat sokkun an semwen mi nonnomw won epwe kon weires ngeni an epwe niwin sefan ika ngasesefan ren CPR. Ekkewe mi watte ar semwenin dimensa (rese chiwen miritii me chechemeni aramas ika mettoch ra chok napengeni sokkuk) epwe kon pwan weires ar repwe niwin sefan nap seni ekkewe rese urir dimensa. Non ach pekin kaeo ngeni me nennengeni nonnomwun ekkewe ra kon apwangapwangen chinap iir mi nomw non nenien tumwunun chinap minne ra chok anongonong won an ekkoch aninisin ren nonnomwun inisir, sia kuna pun mi kon weires an epwe niwin sefan ar ngasangas ika e kouno inamwo ika iir mi no ngeni pioing me mwen an epwe kouno fetanin ar ngasangas. Ekkewe mi watte semwenin kanser iir mi nomw won mi pwan weires ar repwe tongeni niwin sefan ren angangen CPR. Emon mi chok chiwen nomw non nefongun kukkun me ii won inisin mi chok pochokun epwe tongeni fiu ngeni osukosuken non inisin ren an kouno pichipichin an ngasangas me epwe pwan tongeni an epwe niwin sefan ren sokkun safei epwe angei, nap seni emon a ierin mwukono mi nomw won an watten semwen mi tongeni epwene popouta feiengaw ren kifetin non inisin rese chiwen pochokun. Inisin esapw chiwen pochokun ika pun epwe weires fetanin asepan ngeni non inisin ren an kouno pichin an ngasangas, epwe tongeni an ngasangasan esapw chiwen pochokun ngeni an epwe pwumwei met ururun epwe fori an epwe tongeni ngas ika emon e fori angangen CPR won. Ekkewe mi ngaw ommunur me ar kidni epwe pwan tongeni weires ngenir ar repwe angei ekkewe sokkun safei aean non fansoun weiweitan osukosuk.

### **WHO IS MOST LIKELY TO BENEFIT FROM CPR?**

The success of CPR depends on the reason the heart stopped, how healthy the person was before the heart stopped, and how long the heart has been stopped before CPR is started. It is hard to know in advance how effective CPR will be for a specific person, but many studies have shown who is most likely to benefit from CPR and who is not. CPR is more likely to be successful for those who have no major health problem, have a sudden, unexpected collapse, have CPR started within a few minutes of when the heart stops, and have the type of heart rhythm that responds to electrical shocks.

## **ION EPWE KON NAMWOT CPR NGENI?**

Fetaneochun an emon epwe niwin sefan an ngasangas ren angangen CPR won epwe onongonong won popun an kouno an iwe ngasangas, pochokunen inisin emonneuwe me mwen an kouno an ngasangas, me pwan tamen nefinen an kouno an ngasangas me an poputa angangen CPR won. Mi weires ach sipwe sinei me mwen an epwe fis ika pun epwe tongeni niwin sefan ewe aramas ren angangen CPR, nge mi or ekkoch masowen ach peekin kaeo mi aiiti ngeni kich iokkan epwe kon piru wor angangen CPR me iokkan esapw piru wor. Ekkewe ese or watten ar semwen ina epwe kon mecheres ngenir ar repwe niwin sefan ren angangen CPR, me pwan ekkewe re pusin chok turuno ika peeno wor ar, ekkewe ese mwo ku fitu minich me mwirin an ngouno ar ngasangas nge a poputa angangen CPR wor, me ekkewe minne pichipichin ngasangaser mi masengeni ika mecheres ngeni an epwe niwin sefan ren ar efiii ngasangaser.

## **ARE THERE ANY COMPLICATIONS FROM CPR?**

On TV CPR looks fast and uncomplicated. It is different in real life situations. Serious complications are likely. The most common complications are rib fractures that have been documented in up to 97% of CPR attempts, and breastbone fractures documented in up to 43% of cases. The risk of these fractures increases with age as does the chance for multiple fractures. This may be due to a decrease in muscle mass and increase rate of osteoporosis with age. Approximately 59% of those who have CPR will have bruising of the chest, and about 30% may have burns from the defibrillator. Permanent brain damage may occur from lack of oxygen in up to 50% of those who have CPR attempted. Other less frequent complications of CPR that have been identified include bleeding in the chest (0-18%), damage to the trachea or esophagus (0-20%), damage to abdominal organs (0-31%), lung damage (0-13%), and damage to lips and teeth (0-8%).

## **MI KAN OR OSUKOSUK MI FIS NUPWEN SIPWE FORI ANGANGEN CPR WON EMON?**

Non ach kuna me won tv CPR mi chok mwittir angangan me ese or osukosukan. Mi sokkono seni met mi fis non ennetin. Mi chok napengeni epwe or watten osukosuk. Sia kuna non met mi affat me non pwuk pun mi tori ukukun 97 pessenin chon sotuni CPR mi kup chuuraraar, mi pwan tori ukukun 43 pessen mi kup chuun fan oupwur minne mi pwan affat me non pwuk. Wattenon ierin emon ina met epwe pwan tongeni esenipa mecheresin an epwe kup chuun ika ku fitu sokkun feiengawan won chuun. Ei a esenipaen an a apwanggapwang futukan ika pwan seni an uri semwenin osteoporosis (ew semwenin non chuun aramas mi esenipa an esapw chiwen pochokun chuun). Mi tori ukukun 59 pessen chon angei CPR mi mwochon ika nupwuchon neupwer, pwan ukukun 39 pessen repwe tongeni pwoi ika kar ren ewe mwesinnen angasangas mi fetan fifi non. Mi pwan tongeni fis an epwe ngaw tupwuwen emon ren an ese chiwen naf asepan e ngaseranong, mi tori ukukun 50 pessen ekkewe ir mi sotuni angangen CPR mi fisingenir ei. Ekkoch sokkun osukosuk mi tongeni epwe pwan fis ren ei men angangen CPR inamwo ika ese chomwong io a pin fisingeni iwe mi pachonong an emon epwe kus cha me neupwan (0-18%), epwe ta ika kinas an ien paipen fetanin asepan me paipen fetanin unuman konik me anan (0-20%), epwe ta ika kinas kifetin non nukun (0-31%), epwe feiengaw ika ngaw ammatan (0-13%), iwe epwe pwan feiengaw ika ta aparen awan me niin (0-8%).

## **WHAT HAPPENS IF I DECIDE NOT TO HAVE CPR?**

After careful consideration of all possible benefits and risks, many individuals decide that they do not want CPR attempted. However, some people are afraid that if they say they don't want CPR, they won't get the kind of care they should. A decision not to have CPR applies only to the CPR process. Overall care and treatment will not be affected by choosing not to have CPR. If you do not want CPR done, and you are in an in-patient hospital setting, an order will be written in the medical record so that CPR will not be attempted if the heart stops beating and breathing stops. If you are at home complete a POLST (Provider Orders for Life Sustaining Treatment.)

## **MET EPWE FIS IKA UWA FINATA PUN ESAPW OR ANGANGEN CPR WOI?**

Nupwen an aramas ra sinei met ekkewe peekeochun me peekingawen ei mettoch CPR, chomwong iir ra finata pun esapw or angangen CPR wor. Nge fan chomwong, aramas iir mi kan aani nuwokusun ar repwe fini pun esapw or angangen CPR wor, ika epwe tongeni esenipa an esapw chiwen pwung ururun sokkun tumwunur non ar semwen. An emon finata pun esapw or angangen CPR won epwe chok weneiti angangen CPR nge esapw pwan och me nukun. Tumwunur ewe aramas fengen me aninisin ren peekin safei esapw ekkesiwin ika sokkono nupwen a finata pun esapw or angangen CPR won. Ika pun kese mochen epwe or angangen CPR womw nge en mi nomw non nenien mi semwen ren pioing , epwe or taropwe epwe affata non noumw taropwen omw safei pun esapw or ar repwe fori angangen CPR womw ika e kouno omw ngasangas me kese chiwen ngasangas. Ika pun ke semwen non imw iwe epwe or noumw ewe taropwen POLST (met an tokter mochen ren peekin tumwunur en mi semwen pun epwe manawetam.)

Your wishes for CPR should be indicated on your Advance Directives and/or your POLST. Information about Advance Directives can be found at: [kokuamau.org/resources/advance-directives](http://kokuamau.org/resources/advance-directives)

Met ekkan mochenumw ren angangen CPR epwe affatetiwi non ena taropwe kopwe amasowa itan Advance Directives (ena taropwe epwe affata met omw mochen ika ka nomw non koukun omw kesapw chiwen tongeni pusin finata mettoch won omw) ika pwan noumw ina taropwen POLST. Ka tongeni kutta porausen Advance Directive me won: [kokuamau.org/resources/advance-directives](http://kokuamau.org/resources/advance-directives)

POLST information and the POLST form, which must be completed by a physician, an advanced practice registered nurse (APRN) or a Physician Assistant (PA) licensed in the State of Hawai'i, can be found on the Kōkua Mau website: [kokuamau.org/polst](http://kokuamau.org/polst)

Ren porausen POLST fengen me ena taropwen POLST epwe ammasou, minne epwe ammasou me ren emon tokter ika pwan emon kangof mi kaeo ngeni ei peekin (APRN), ika emon kisin fan tokter mi or noun naisen seni mwuun Hawai'i, ka tongeni kuna me won an Kōkua Mau ina website: [kokuamau.org/polst](http://kokuamau.org/polst)

This document and resources in other languages, such as Advance Directives or POLST, are available from your healthcare provider, doctor, or health insurance company or on the Kōkua Mau website at [kokuamau.org/languages](http://kokuamau.org/languages)

Ka tongeni angei ekkei sokkun taropwe, awewe ren taropwen Advanced Directive ika POLST, ika fen pwan taropwen ekkoch sokkun aninis mi kawor non fosun ekkoch fonu me ren omw iwe nenien safei, noumw iwe tokter, ika omw iwe insurans ika won an Kōkua Mau ina website: [kokuamau.org/languages](http://kokuamau.org/languages)

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Ekkei poraus sia angei seni met kich mi kuna seni ewe Coalition of  
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