
Authors' conclusions
Recent studies report higher chance of survival in cancer patients. This could reflect the impact of "do not resuscitate" orders in recent years for patients with end-stage cancer. Overall, patients with cancer have lower chances of survival following cardiopulmonary resuscitation (CPR) than patients without cancer. Severity of illness in cancer patients can affect survival following CPR. A meta-analysis showed survival to discharge of patients with cancer who receive CPR in intensive care units is 2.2%, one-fifth the rate of survival of patients with cancer who receive CPR in general wards (10.1%), despite constant monitoring in intensive care units. Patients with cancer who have cardiac arrest out of hospital and receive CPR either out of hospital or in emergency departments have survival to discharge rates similar to those of hospitalized patients who receive CPR in hospital. The type and the number of chronic health conditions can affect survival following CPR. Studies show that patients who have myocardial infarction have better survival to discharge following CPR than patients with other health conditions and that patients undergoing hemodialysis have a high chance of survival following CPR. Older age is not necessarily a factor in lowering the odds of survival, but functional dependence and undergoing multiple CPRs, particularly in advanced age, can reduce the chance of survival following CPR. Response time of emergency medical services contributes to the chance of survival following out-of-hospital CPR in patients with chronic health conditions.

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