END OF LIFE CARE FACT SHEET
Dyspnoea

This fact sheet concentrates on the non-pharmacological treatment in the last days/hours of life

INTRODUCTION

The sensation of dyspnoea can be frightening and the words used to describe this subjective feeling, such as breathlessness, suffocation, drowning and smothering, add to anxiety of patient and family. Dyspnoea may also be described as laboured breathing or air hunger.

DEFINITION

Dyspnoea is a subjective symptom that does not always fit with the physical signs. Studies have shown that what onlookers see as distressing (e.g. laboured and rapid breathing) may not be distressing for the patient.

There are three reported paradigms of dyspnoea:

1. A perceived increase in respiratory effort, to overcome a pulmonary load. Often seen in patients with **airway obstruction disease**, **anxiety** or a large **pulmonary effusion**.
2. Increase in the proportion of chest wall strength and respiratory muscles required to maintain homeostasis, the mechanism found in patients with neuromuscular disease (**MND**) and **cancer cachexia**.
3. An increase in ventilator requirements, minute volume due to exercise, sepsis, anaemia, acidosis or hypoxemia.

LDL GOALS

GOAL F: The patient/resident is not breathless

Verbalised by the patient/resident if conscious, consider position change and use of a fan

SHORTNESS OF BREATH SCALE	
0	No shortness of breath
0.5	Slight shortness of breath
1	
2	Mild shortness of breath
3	Moderate shortness of breath
4	
5	Strong or hard breathing (you are unable to say 5-6 word sentences)
6	
7	Severe shortness of breath (you are only able to say 2-3 words at a time)
8	
9	You can only say one word at a time
10	Shortness of breath so severe you need to stop and rest (cannot talk)

- As this is a subjective experience, the assessment where possible should be based on the patients report, using a structured tool such as a visual analogue scale, or by scoring the level of own breathlessness from 1-10, 1 being no breathlessness to 10 being the most severe breathlessness ever experienced by the patient.
- Signs of severe breathlessness include excessive use of accessory muscles, gasping breathing, arms fixed down on the mattress, and “pursed lip” breathing.
- In the unconscious patient at the end of life the health care professional (HCP) will have to rely on physical clues, such as tachyopnea (fast breathing), tachycardia (fast heart rate/pulse), sweating, grimacing, agitation and use of accessory muscles.

MANAGEMENT

Refer to the LDL Dyspnoea symptom control guideline for pharmacological treatment.

IF IN DIFFICULTY SEEK SPECIALIST ADVICE (see contact below)

POSITIONING

- Being upright or resting over a bed table can help
- Supporting patients with pillows, avoiding horse shoe pillows (as patients can slip into the hollow space and compress the lungs)
- Supporting arms helps release tension in the shoulders, as does head and neck support

ENVIRONMENT

- A light, airy single room if possible
- Non-restrictive cotton clothing on bed
- A fan with gentle current of air across the face
- The fifth cranial nerve on the face does respond to mechanical and thermal stimuli, so as well as a fan, a cool, damp cloth or fine mist spray can be helpful.

RELAXATION/ANXIETY REDUCTION

- Touch may or may not be appropriate, gentle stroking on the upper arm or a hand on the shoulder (some patients may find this irritating)
- Massage of hands and feet, aromatherapy oils
- Relaxing music of the patient's choice
- Visits from family and friends
- A calm approach from the HCP

AVOID HORSESHOE PILLOWS
AVOID HOT WATER AND HUMID ENVIRONMENTS
AVOID PHRASES SUCH AS "JUST KEEP CALM"

EVALUATION

Accurately document and report as required your assessment, changes, and actions, ensuring you have recorded the evaluation of any management measures used.

LOCAL PALLIATIVE CARE CONTACT:

Name: _____ Phone: _____ Email: _____

REFERENCES
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Taylor J, (2007). The non-pharmacological management of breathlessness. End of Life Care. (1) No.1 20-27.
Bausewein C, S Booth, M Gysels, U Higginson. 2001. Non Pharmacological inverventions for breathlessness in advanced stages of malignant and non-malignant diseases. Cochrane library, issue 3.

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