END OF LIFE CARE FACT SHEET

RESPIRATORY TRACT SECRETIONS

This fact sheet concentrates on the Non Pharmacological treatment in the last days/hours of life

INTRODUCTION

Seen often in dying patients who are too weak to expectorate, and are no longer able to clear their oral and upper airway secretions, the pooled secretions in the oropharynx and bronchi vibrate as air moves over them. It is audible and is described as noisy, rattling, gurgling and unpleasant. It is often called "death rattle".

DEFINITION

Death rattle frequently occurs in dying patients, and has been observed in 23% - 92% of cases. The death rattle is an indicator of impending death.

Classifications:

Type I due to salivary secretions

Type II due to accumulated bronchial secretions in the presence of pulmonary disease and infections, tumor, fluid retention, or aspiration.

Studies suggest that patients who develop noisy respirations have the following risk factors:

- Lung cancer
- Chest infections (e.g. pneumonia)
- Brain tumours
- Head and neck cancers
- Pulmonary diseases e.g. Asthma, Bronchitis, Bronchiectasis
- Neuromuscular disorders e.g. Myasthenia gravis, Guillain-Barre syndrome

LDL GOAL

Goal C: The Patient/Resident does not have respiratory tract secretions. Consider positional change. Discuss Symptom and plan of care with the patient, relative or carer. Medication may be more effective when given as soon as the symptom occurs.

ASSESSMENT

1. Consider the patient's diagnosis – the patient has the risk factors and has noisy rattly breathing. There are no standardized assessment tools to classify or measure the intensity of secretions but some research has used subjective noise scores.

2. Consider the distress of the patient – are they restless or frowning?

3. Consider the distress of the patient's family members – they may be anxious and fear the patient is choking to death or drowning. Approximately half of those relatives and friends who witness it, as well as hospital staff, find the noise of respiratory tract secretions distressing.

MANAGEMENT

Refer to the Last Days of Life Respiratory Tract Secretions symptom control guideline for pharmacological treatment.

IF IN DIFFICULTY, SEEK SPECIALIST ADVICE (see contact below)

1. Anticipate problems if the patient has risk factors that increase airway secretions.

2. Re-position the patient, often on their side in a semi-recumbent position, to facilitate postural drainage, or raise the head of the bed and prop the patient up with pillows.

3. Carefully assess hydration and reduce or cease parenteral fluids if required.

4. Explain the changes being observed in the dying patient to the family and whanau. Communicate skillfully with compassion and sensitivity. Reassure the family the reason their loved one is not able to cough or clear their throat is due to their unconscious state. The patient is not usually distressed.

5. Distraction therapy e.g. music, television, family talking and reminiscing.

6. Aromatherapy therapy e.g. use any of the following essential oils in an aroma burner or vaporizer: eucalyptus, cypress, ylang ylang, lavender, lemon, lime, cypress, marjoram, cedarwood.

7. Regular mouth and lip cares. Wipe away any dribbling with tissues. Use appropriate mouth swabs e.g. Den Tips or disposable oral swabs to gently wipe any loose secretions out of the mouth, if the patient allows it.

8. Oxygen at the end of life is often not necessary and can be discontinued. If the patient remains on oxygen and thick secretions are a problem consider humidifying oxygen.

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:_____

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