

REFERENCES:

Mosenthal A., and K. Lee. 2002. Management of Dyspnea at the End of Life: relief for Patients and Surgeons. J Am Coll Surg.(194) No 3. PP 377-385
Taylor J. 2007. The non-pharmacological management of breathlessness. End of life care. (1) No 1. PP 20-27
Bausewein C., S. Booth, M. Gysels & I.J. Higginson. 2011 Non Pharmacological interventions for breathlessness in advanced stages of malignant and non malignant diseases. Cochrane library. Issue 3
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MHA
Sept 13



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Information Pamphlet **Breathlessness**



The information provided in this pamphlet concentrates on assistance that family members can provide other than medication.

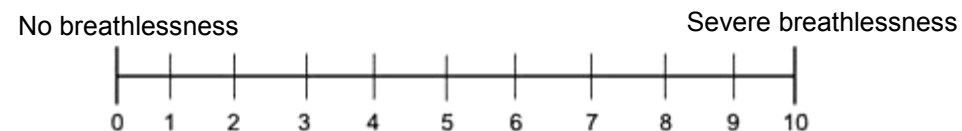
Introduction

The sensation of breathlessness can be frightening and the words used to describe this subjective feeling such as, suffocation, drowning and smothering add to anxiety of patient and family. Studies have shown that what onlookers see as distressing e.g. laboured and rapid breathing may not be distressing for the patient.

Assessment

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 1 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.



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.
- 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.

AVOID HORSE SHOE PILLOWS
AVOID HOT WATER AND HUMID ENVIRONMENTS
AVOID PHRASES SUCH AS - "JUST KEEP CALM"