

# Shortness of breath/dyspnoea

Dyspnoea is a very subjective symptom and does not always fit with the physical signs. Studies show that what onlookers see as distressing may not be distressing for the person. When the sensation of breathlessness is frightening, it may be described as suffocating, smothering, laboured breathing or air hunger.

## Definition

### The mechanism of dyspnoea/breathlessness

There are reported to be three paradigms of dyspnoea.

- 1 A perceived increase in respiratory effort or work of breathing (in people with **airflow obstruction**, e.g., **COPD** or **bronchiectasis** or a **large pleural effusion**).
- 2 An increase in the proportion of chest wall strength and respiratory muscles required to maintain homeostasis (in people with neuromuscular disease (**MND**) and **cancer cachexia**).
- 3 An increase in ventilatory requirements, due to **sepsis, anaemia, acidosis** or **hypoxemia**.

## Assessment

- 1 Because this is a very subjective experience, the assessment is best based on the person's own report.
- 2 In severe breathlessness, clinical signs will be visible, such as; increased respiratory rate, excessive use of accessory muscles, gasping/air hunger, pursed lip breathing or arms held fixed down onto mattresses.
- 3 **For unconscious people at the end of life**, the health care professional will have to rely on relevant physical clues and support from the family/whānau. For example, tachypnoea (fast breathing), tachycardia (fast heart rate/pulse) and Cheyne-Stokes respiration may not necessarily be an indication of distress, unless accompanied by sweating, grimacing, agitation or use of accessory muscles.

## Holistic considerations

**Reflect on:** Te Whare Tapa Wha principles (Durie 1994)

**Emotional considerations:**

How might it feel for the person to be out of breath all the time?  
How might the person's distress be perceived by those around them?

**Spiritual considerations:**

What does being breathless mean to the person? How does this affect the person and their perception of self?

**Social considerations:**

How does being breathless affect the person's lifestyle and the lifestyle of those around them?

**Physical considerations:**

Are there activities that particularly cause breathlessness but that are meaningful to the person?

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## Management

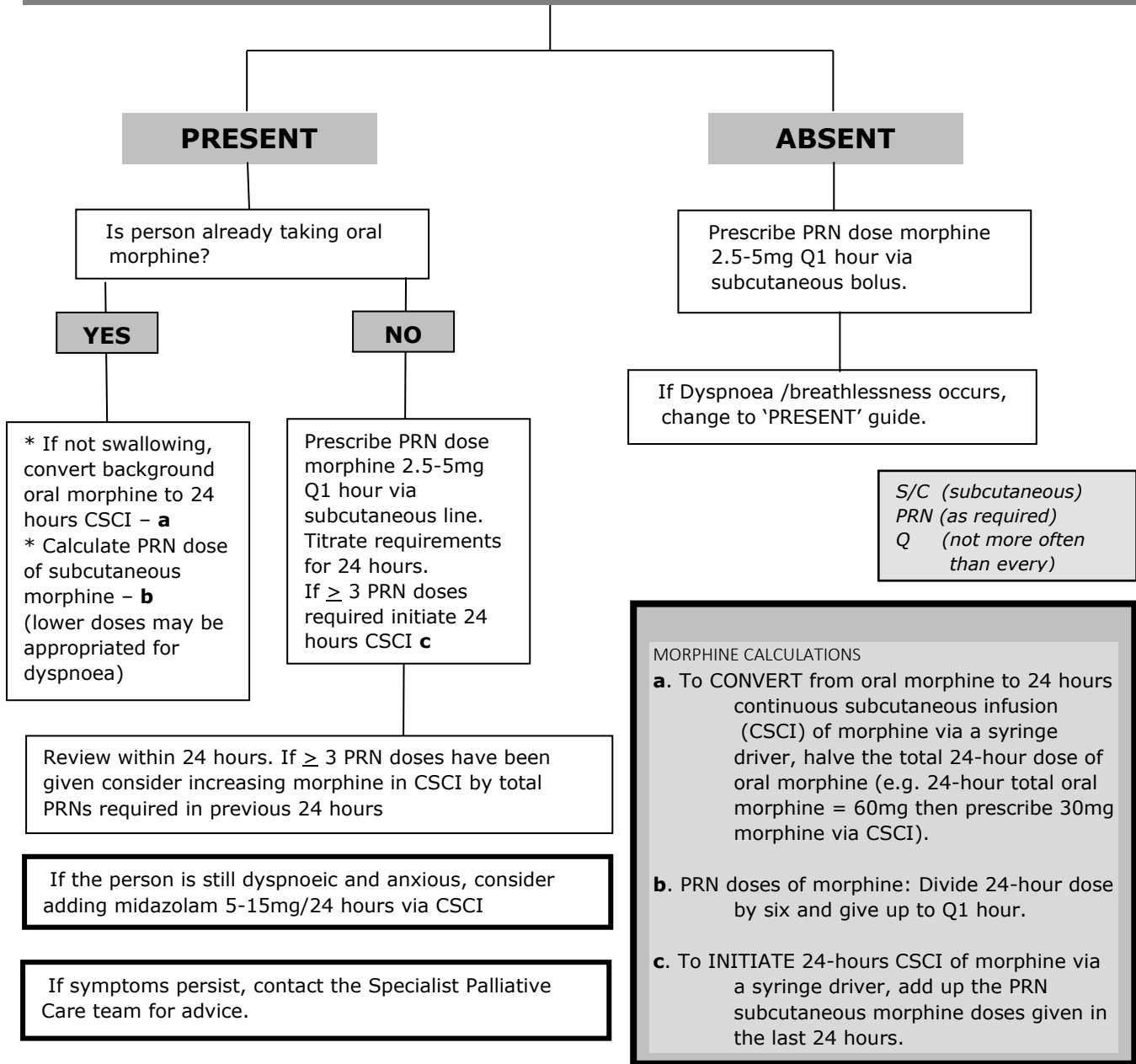
- 1 **Positioning:** Straight and upright – however, it may not be possible for a person to be positioned straight and upright at the end of their life due to weakness. Provide some support with pillows, avoiding horse shoe pillows as people who are small and frail may slip into the hollow space and compress their lungs. Support the person's arms on pillows to help keep their shoulders relaxed and decrease their tension. It is equally important to support the person's head in a good position.
- 2 **Environment:** A light, airy side room or single room with opening windows. Avoid showering or bathing in very hot water and a humid environment. Offer a gentle flow of air across the person's face from an intermittent fan – the person could hold a fan if they still have the capacity. Dress them in non-restrictive cotton clothing when they are in bed.
- 3 **Relaxation, anxiety reduction:** Touch may or may not be appropriate. Massage the person's feet and hands if they can tolerate it. Offer the person's choice of relaxing music. Encourage visits from family and friends. Read out loud to the person. Health care professionals should have a calm approach. Avoid using phrases such as 'just keep calm'.
- 4 **Planning and practice:** Plan what needs to be done and look for efficient ways of doing this. Practice abdominal breathing techniques.

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If there is renal impairment, refer to pain management flowchart (eGFR<30) for guidance on fentanyl use. If the person is already established on oxycodone for pain, it is reasonable to use oxycodone for dyspnoea.



**Anticipatory prescribing in this manner will ensure that in the last hours and days of life there is no delay responding to a symptom if it occurs.**

**If you require further advice 24hrs each day 7 days a week please contact the Specialist Palliative Care Service at Mercy Hospice PH 3615966**