

Tips for Nurses: Dyspnoea



What it is: Dyspnoea is breathing difficulties or the sensation of breathlessness or shortness of breath.

Why it matters: Breathing difficulties are a common and distressing symptom in many advanced life-limiting diseases, and can cause significant disability, anxiety, and social isolation.

What I need to know: Effective assessment and management of dyspnoea is seen as an important quality measure in palliative care.

Dyspnoea is a subjective experience and may or may not relate to oxygen saturation levels. The use of oxygen will depend on the person's need, acceptance and comfort.

Dyspnoea may be associated with heart failure, lung disease or cancer. It can also occur when there is no apparent diagnosis of cardiac or respiratory illness, instead associated with anxiety, muscle tension and panic attacks.

Dyspnoea reduces quality of life and it affects emotional, spiritual and physical wellbeing. Dyspnoea is made worse by fear and panic.

Because of the complexity in how and why this symptom is experienced, its treatment often requires a combination of supportive practices, non-pharmacological measures, and drugs. Opioids may help but people need to be monitored for any adverse effects.

Recommendations for managing dyspnoea at the end of life include:

- care based on a comprehensive assessment of the person and symptom distress
- discussion with person, family and health care team to agree on goals of care
- managing related issues such as fatigue, depression, anxiety and emotional issues
- involving physiotherapists who can show the person, carers, health care staff, and the family useful exercises, positions and breathing control techniques
- opioids
- non-pharmacological approaches such as relaxation techniques.

Actions

General care of dyspnoea includes:

- allowing time between care and other activities
- encouraging energy intake. Consider appropriateness of food or drink provided
- involving someone whose presence can calm and reassure the person.

Ways to manage dyspnoea at the end of life include:

- optimising air circulation around the person e.g., fan or open window
- breathing-control techniques e.g., purse lip breathing, mimicking blowing out a candle
- relaxation exercises e.g., use of handheld fan and holding nurse's hand
- upright positions:
 - supported sitting
 - leaning on a supportive table
 - lying in a reclining chair or electric bed with backrest and knee break.

Organise all equipment and staff before you begin care procedures. This reduces time taken for care and is less tiring for the person.

Tools

Asking older adults who can self-report, if they are experiencing breathing difficulties and how that is affecting them.

Visual Analogue Scale (VAS) for people who can self-report.

The Modified Borg Scale (mBORG) for people who may have difficulty with numerical rating.

Non-pharmacological and pharmacological interventions for breathlessness is a training video from the Education on the Run series.

Name:

My reflections:

How often do I observe older people with dyspnoea, and what interventions have I used to provide relief?

What advice could I offer to other health team members e.g. care-workers, to support an older person with dyspnoea?

My notes:

See related palliAGED Practice
Tip Sheets:
Anxiety
Opioid analgesics

For references and the latest version of all the Tip Sheets visit

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