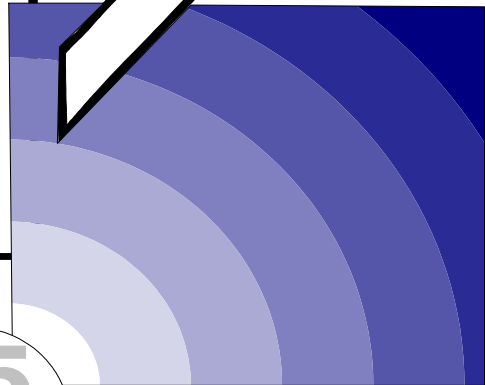
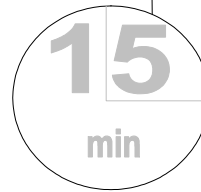


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15 minute Worksheet



Helping patients with symptoms other than pain

3: Breathlessness

Introductory level

Produced by
**Coleman Education
 Centre**
St. Oswald's Hospice
 Regent Avenue
 Gosforth
 Newcastle-upon-Tyne
 NE3 1EE

Tel: 0191 285 0063
 Fax: 0191 284 8004

This version written and edited by:
Claud Regnard
 Consultant in Palliative Medicine
 St. Oswald's Hospice, Newcastle
 Hospitals NHS Trust and
 Northgate&Prudhoe NHS Trust

Margaret Kindlen, Head of Education
 St. Oswald's Hospice

Kathryn Mannix
 Consultant in Palliative Medicine,
 Marie Curie Centre, and Newcastle
 Hospitals NHS Trust

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Aim of this worksheet

To learn to assess and manage breathlessness

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Take this learning into your workplace using the activity on the back page.

Case study

John is a 54 year old man who had a surgery for a carcinoma of the colon. Despite liver metastases he has been managing well until he was found to have a pleural effusion. He has become increasingly breathless over the past few weeks and contacts you because his breathing has got worse.

Getting started

- You need to know when his breathing started to get worse because breathlessness of sudden onset (seconds or minutes) has different causes (eg. pulmonary embolus) to those that built up over days or longer (eg. pleural effusion).
- You need to check if he is pale (anaemia will worsen the situation), and observe if he is confused, agitated or frightened. You also need to observe if he is peripherally cyanosed (bluish tinge to fingers and toes) or centrally cyanosed (an additional blue tinge to the lips). Both suggest that the oxygen level in his blood is low (ie he is hypoxic). Remember, however, that some patients can be hypoxic and yet look pink. A pulse oximeter be used to tell if these patients are hypoxic.
- Listening to the chest would give information on the presence of a chest infection, pleural effusion or a pleural rub due to inflammation of the pleura (eg. infection, pulmonary embolus, tumour).

Simple measures

Some simple measures are worth trying. The simplest is increasing the movement of air over the patient's face using a fan or opening a window. Sitting John upright may also help. Don't forget to explain what you are doing and, if you know, explain why he is more breathless. Relaxing the shoulders may help (see *Breathing Retraining* below).

A trial with oxygen may help. Initially the source will be an oxygen cylinder, but an oxygen concentrator can be prescribed if oxygen is going to be used for 15 hours or more each day. Initially a patient should have no more than 28% oxygen until a doctor who knows the patient's history can confirm that it is safe to use higher levels for more than a few days. Nasal cannulae are better tolerated than a mask.

Make sure John has company, and also has distraction like a television because loneliness and boredom make it harder to cope with breathlessness.

Tackling persistent breathlessness

Antibiotics are important in treating breathlessness caused by a chest infection.

Steroids may reduce enough oedema around lung metastases to free up more normal lung for gas exchange.

Strong opioids are also used, initially orally in low doses. Contact your local palliative care specialists for advice.

Nabilone is a derivative of cannabis and is a bronchodilator with central effects that together can ease breathlessness in some patients. The usual dose is 200-500 microg. 8-hourly.

Acupuncture can be useful using points in the upper sternum and the L14 points in the hands.

Benzodiazepines have been used eg, lorazepam (diazepam is too sedating and long acting).

Breathing retraining: patients have been shown to benefit from breathing retraining and breathlessness clinics are beginning to be established. One useful exercise is to teach the patient to relax their shoulders when they are breathless since they are often tensed up during breathless episodes and letting the shoulders relax down increases the lung capacity to take in air. Massage can help the shoulders to relax.

Managing severe breathlessness

The key here is to manage his agitation which is probably being caused by hypoxia.

1. Ensure that the simple measures above are in use.
2. If possible use midazolam IV, titrating 2-10mg over several minutes.
 - alternatives are to give the midazolam buccally or sublingually (absorption 2 - 5 mins), IM into deltoid (absorption 10 mins) or subcutaneous (absorption 20mins)
 - you could give diazepam IV or PR, but its effect is long lasting and it can accumulate and complicate the situation (John may not wish to be fully asleep).
 - for minimal sedation you could try lorazepam 0.5mg or 1mg which can be taken sublingually.
3. You could also give him something for his secretions:
 - hyoscine butylbromide is effective in 50% of cases in a dose of 20mg SC repeated as necessary, but is short acting (2-3 hours).
 - hyoscine hydrobromide is as effective and longer acting than hyoscine butylbromide, but more sedating in a dose of 200-400microg. SC.
 - diuretics can help clear secretions in some patients with cardiac problems.

When you arrive, John is able to tell you he is breathless at rest, and gets much more breathless as he walks from his chair to the bed.

Reflect

As John slowly gets into bed think about

- What do you want to ask him?
- What will you want to check?

Write

- What could you do straight away that might help him?
- What other arrangements could you make that might help?

Reflect

Despite your initial efforts, John is still breathless. Investigations have shown multiple lung metastases and a small effusion.

- Think about what could help John?

Initially John improves, but one night you're called to see him urgently. This time he's so breathless he can't speak, he looks very frightened and he's coughing up loose sputum.

Write

- Write down what can you do to help John

FURTHER ACTIVITY: Breathlessness

When you next care for a breathless patient:

-check through the list of simple measures the team could use.

FURTHER READING: Breathlessness

Journal articles

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Zeppetella G. The palliation of dyspnea in terminal disease. *American Journal of Hospice & Palliative Care*. 1998; **15**(6): 322-30.

Resource books and websites

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Oxford Textbook of Palliative Medicine 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.

PCF2- Palliative Care Formulary, 2nd ed. Twycross RG, Wilcock A, Charlesworth S. Abingdon: Radcliffe Medical Press, 2003.

Also on www.palliativedrugs.com

Symptom Management in Advanced Cancer, 3rd edition. 2001. Twycross RG, Wilcock A. Abingdon: Radcliffe Medical Press.

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**Current
Learning
In
Palliative care**
**An accessible
learning programme
for health care
professionals**

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook
Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com