

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. Assessment and management planning by nurses is essential.

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 acceptance and comfort. People with dyspnoea tire quickly and people who are easily fatigued often complain of dyspnoea.

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.

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

Shortness of breath is a complex symptom. Its treatment often requires a combination of general measures, 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 goals of care
- manage related issues such as: fatigue, depression, anxiety, emotional issues
- physiotherapists can show the person, carers, health care staff, and the family useful exercises, positions and breathing control techniques
- opioids
- non-pharmacological approaches.

Actions

General care of dyspnoea includes:

- allowing time between care and other activities
- encouraging energy intake, consider appropriateness of food or drink provided
- the presence of someone who can calm and reassure the person can help.

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

Tools that may be useful include:

Dyspnoea at the end of life needs to be assessed. Tools used will depend on the situation but may include:

Asking residents who can self-report, if they are experiencing breathing difficulties and how that is affecting them is the best guide.

Respiratory Distress Observation Scale (RDOS) can be used for clients or residents who cannot self-report.

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

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

Name:

My reflections:

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

What could I do if dyspnoea can't be controlled?

My notes:

See related palliAGED Practice
Tip Sheets:
Anxiety
Opioid Analgesics

References used to develop this sheet are available at
www.palliaged.com.au