NURSING MANAGEMENT OF DYSPNEA

Assessment of Dyspnea

- Assessment is based upon self-report
  - "Air hunger", "suffocation", "chest tightness"
  - Intensity: rate using 0-10 scale (0=no breathlessness, 10=severe breathlessness)
  - Effect on function, activity and quality of life
  - Anxiety and depression are common in dyspnea
- Diagnostic tests may be used to identify treatable causes (e.g., bronchospasm, pulmonary embolism, pleural effusion)
  - Pulse oximetry, blood gases may be normal despite presence of dyspnea
- Causes of dyspnea, especially in people with serious illness:
  - Anxiety/panic, Pneumonia, Cancer, CHF, COPD, Heart Failure, Pulmonary Embolism, Anemia, Asthma, COVID-19, Advanced AIDS

Pharmacologic Palliative Management: Opioids

Opioids are the foundation for management of dyspnea for palliative care

- Initial doses for opioid naïve patients:
  Morphine PO 5mg every 3-4 hours prn
  **2.5 mg for fragile or older adults
  - Morphine IV 1-2 mg every 1 hour prn
  - Oxycodone PO 2.5-5 mg every 3-4 hours prn
  - Hydromorphone PO 1-2 mg every 3-4 hours prn
  - Hydromorphone IV 0.2-0.4 mg every 1 hour prn
- Titrate upward by 25-50% if dyspnea unrelieved
- Increase frequency if dose provides relief but is not sustained
  - Every hour for oral administration
  - Every 15 minutes for IV administration
- Initial doses for opioid tolerant patients:
  - Higher doses may be needed
  - Use equianalgesic table to calculate current 24 hour dose and administer 10-20%; increase gradually

DRUG	IV/SQ	ORAL
Fentanyl IV	0.1mg = 100mcg	NA
Hydrocodone/ Acetaminophen	NA	30
Hydromorphone	1.5	7.5
Morphine	10	30
Oxycodone	NA	20
Tramadol	NA	120

Medication Routes – helpful tips:

- Oral concentrated liquid or intensols (such as morphine or oxycodone) may be useful when dyspnea severe and swallowing tablets difficult; onset of effect similar to oral tablets
- Intravenous or subcutaneous opioid administration may be used during episodes of severe dyspnea requiring faster onset and more rapid titration, or if patient unable to swallow

Pharmacologic Management: Other Medications

- Treat underlying cause: antivirals, antibiotics, anticoagulants for PE, diuretics if fluid overload, bronchodilators if bronchospasm
  - Caution – bronchodilators can elevate heart rate and a sense of anxiety or agitation
- Although the urge to give benzodiazepines is strong, these treat only anxiety and may contribute to excess sedation – use only if anxiety is present and opioids have been adequately titrated
  - Lorazepam is recommended due to its relatively short half-life and its availability in liquid form. Dosage: 0.25 mg PO/SL q 4 hours.

Nonpharmacologic Management

- Low, calm voice and tone with interactions
- Distraction/music/calming environment
- Education about dyspnea, causes and management
- Oxygen – use only with hypoxia – target is SpO2 of ≥ 90%
- Positioning – upright, bracing forward for symptom control
- Pursed lip or abdominal breathing
- Relaxation/mindfulness *
- Spiritual care
- Social support

*See aacnnursing.org/ELNEC/resources for a list of apps and other resources to assist with meditation, mindfulness, distraction and relaxation techniques

Don't forget to seek support from other team members, including:

- Chaplains/spiritual providers
- Dieticians
- Music/art therapists
- Occupational therapists
- Physical therapists
- Physicians
- Psychologists
- Respiratory therapists
- Social workers
- Volunteers

References

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Advancing Palliative Care

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