



Northern Health Palliative Care

Dyspnea

Causes of Dyspnea (Shortness of Breath)

Occurs in up to 95% of COPD patients, 75% of advanced disease of any cause, and up to 79% of Advanced Cancer Patients; Dyspnea is underrecognized and often missed during assessments.

Pulmonary: Airway obstruction, COPD/Asthma, damage from chemotherapy, radiation or surgery, emboli, fibrosis, effusion, primary or metastatic tumour.

Cardiac: CHF, CAD, arrhythmias, pericardial effusion.

Neuromuscular: ALS, CVA, poliomyelitis, myasthenia gravis.

Other: Anxiety, fatigue/deconditioning, weakness, pain, severe anemia, infection, carcinomatosis, hepatomegaly, phrenic nerve lesion, peritoneal effusion.

Superior Vena Cava (SVC) Obstruction: This is an emergency and requires prompt intervention.

Assess your patient – Screen and Manage Symptoms

Ask your patient - dyspnea is subjective

Rate dyspnea the same way you rate pain

Use OPQRSTUV – Onset, Provoking, Quality, Region, Severity, Treatment, Understanding, Value.

Diagnostics – Determine possible causes and reverse as possible if in keeping with goals of care

Treat based on goals of care and illness trajectory.

Initial Treatment Plan for Patients with Dyspnea

Opioids are the first line pharmacological treatment for dyspnea.

Start Low and Go Slow – For example, Morphine 1mg - 2.5mg PO Q6H plus PRN.

Initiate and Titrate Doses depending on level of distress – mild, moderate, or severe.

Adjuvant Medications – Corticosteroids, Methotrimeprazine, Bronchodilators, Diuretics (CHF, pulmonary edema), Lorazepam (useful in select cases, such as previous anxiety disorders). If hypoxia is present, oxygen might be useful (use lower volumes in COPD patients).

Use Non-Pharmacological Measures for the Treatment of Dyspnea

Use a fan; improve positioning by leaning forward; use pillows to keep head up and avoid irritants. Manage cough and end-stage secretions. Prepare for hemorrhage when hemoptysis is present. Ensure you have signed, pre-printed palliative care order sets ready.

References:

B.C. Inter-professional Palliative Symptom Management Guidelines, December 2017
Respiratory Symptoms, Pallium Canada LEAP CORE Module 8