

Respiratory congestion -- also called 'noisy respirations', 'noisy breathing' and 'death rattle' -- is the noise produced by the turbulent movements of secretions in the upper airways that occur during respiration in patients who are near the end of life. This symptom is common and expected. Noisy breathing is often not distressing to the person who is experiencing it; however, it can be distressing to see and hear for families and clinicians.

Noisy breathing can be classified as Type 1 or 2 – type 1 is caused by excessive secretions in the mouth that are not being swallowed and type 2 is caused by secretions from deeper in the lungs.

Nonpharmacological Interventions

- Limit or discontinue use of IV fluids or artificial nutrition to decrease burden of secretions.
- Sips of fluids if patient is alert and able to swallow.
- Provide frequent mouth care; humidify room if able; (fill a bathtub with water, use a humidifier).
- Position the patient in a side-lying position. This may allow for secretions to drain out of the mouth.
- Suction is generally not recommended as it can cause agitation and distress and is often ineffective.

Pharmacological Interventions

Pharmacological therapy may be considered, if in line with the patient/family's goals of care. When used, medications should be used together with nonpharmacological measures.

Refer to <u>BC Symptom Management Guidelines</u> for medications/dosages.

Family Teaching

When death is imminent, explain to the family that they may hear changes to their loved one's breathing, including this noise. Explain in easily understood terms what is happening and reassure that their loved one is not in distress and likely unaware of the noise. When speaking with the family, try NOT to use terms like death rattle and provide reassurance that their loved one is not suffocating.

