CONSIDERATIONS:
1. Dyspnea is the feeling of not being able to breathe:
   a. Subjective feeling as perceived by the patient
   b. Does not always correspond with objective measures of oxygenation, i.e. pulse oximetry and other respiratory measures are normal
   c. Terrifying feeling for patient; disturbing for family members
   d. Studies report experienced by 20% to 80% of terminally ill patients

2. Dyspnea in terminally ill patients can have many causes:
   a. Sometimes the etiology can be determined and resolved
   b. Evaluate for oxygen equipment problem, fluid overload, bronchial constriction/plug, and other conditions which can be treated
   b. Bronchodilators or corticosteroids may help if patient has respiratory disease
   c. Diuretic may be helpful if patient has fluid overload

3. If etiology cannot be determined or resolved:
   a. Pharmacologic treatment:
      i. Opioids are very effective at reducing dyspnea; drug of choice
      ii. If dyspnea unrelieved by opioid or accompanied by anxiety, a benzodiazepine may be helpful
   b. Non-pharmacologic treatments:
      i. Positioning so lungs can fully expand
      ii. Moving air (fan, open window)
      iii. Breathing or relaxation exercises

EQUIPMENT:
Breathing Exercises, (See Respiratory System – Breathing and Coughing Techniques) for instructions on teaching purse-lipped and diaphragmatic breathing
Breathing and Relaxation Exercises, (See Pain Management – Complimentary Therapy: Breathing and Relaxation) for scripts to help patient to promote relaxation

PROCEDURE:
1. Assess patient for resolvable/treatable problems related to diagnosis or condition.
2. Ask patient about dyspnea:
   a. Using a 0 – 10 scale, ask patient to rate the intensity of the patient’s dyspnea
   b. When did it start? Gradually or suddenly
   c. What makes it better? What makes it worse
   d. Any associated symptoms
3. Perform cardio-pulmonary assessment:
   a. Note posture, color, expression
   b. Cardiac rate, rhythm
   c. Respiratory rate, rhythm, effort
4. Institute non-pharmacologic interventions:
   a. Position patient so lungs can expand:
      i. Elevate head of bed
      ii. Sit patient on edge of bed/chair in front of a table, arms on table, feet flat on floor (tripod position)
   b. Encourage effective breathing:
      i. Demonstrate pursed lip breathing
      ii. Encourage diaphragmatic breathing
      iii. Perform with patient “SOS for SOB”:
         1. Purse your lips
         2. Gradually make exhalation a little longer than inhalation; goal is exhalation twice as long as inhalation
         3. Gradually breathe a little slower
         4. Begin breathing in through nose and out through lips (still pursed)
         5. Begin diaphragmatic breathing
         6. Continue for 5 minutes
   c. Increase air movement in the room:
      i. Open a window
      ii. Turn on a fan
      iii. Turn fan so it blows directly on patient’s face
   d. Use scripts in procedure, Breathing/Relaxation (See Pain Management – Complimentary Therapy: Breathing and Relaxation) to help patient relax
5. Consult with physician about cardiopulmonary assessment and pharmacologic interventions:
   a. Recommendations for opioids:
      i. Opioid-naive patients: 5 - 10 mg of oral morphine immediate release (MSIR) every hour as needed
      ii. Opioid-tolerant patients: Increase current MSIR dose by 25% to 50%
   b. Recommendations for oxygen:
      i. A trial may be indicated: Start at 2 - 4 L/min; there is no benefit in increasing beyond 4 - 6 L/min
      ii. Usually not indicated if patient is actively dying; face mask usually not tolerated
   c. Anxiolytics (benzodiazepines) reduce the anxiety associated with dyspnea
6. Provide patient/caregiver education about:
   a. Positioning and moving air
   b. Pursed lip and diaphragmatic breathing
   c. Relaxation exercises and techniques
   d. Energy conservation
   e. If medication ordered, instruct in safe use
f. If oxygen ordered, instruct in safe use

AFTER CARE:
1. Document in the patient’s record:
   a. Patient’s description of dyspnea
   b. Data from physical exam
   c. Non-pharmacologic interventions used and effectiveness.
   d. Communication with physician and orders
   e. Patient/caregiver education provided
2. Instruct patient/caregiver in:
   a. Strategies to reduce dyspnea
   b. Medication and oxygen safety, if ordered
4. Communicate with physician if current interventions not effective.

REFERENCE: