

TITLE: Dyspnea and Respiratory Symptoms

Topic: 15

Palliative Symptom Assessment

Dyspnea is a common symptom in the palliative care setting. It is a subjective feeling of shortness of breath. A patient may express feeling short of breath even though they may not appear to be so to the care provider or conversely they may appear short of breath but may not report feeling so. The sensation of dyspnea can be very distressing for the patient and can exacerbate anxiety and suffering if not addressed.

The Pallium Pocketbook: a peer reviewed, referenced resource. 2nd Cdn ed. Ottawa, Canada: Pallium Canada; 2016.

Causes of Dyspnea

- Chronic lung disease (COPD), fibrosis, emphysema
- Cancer, primary lung disease or metastasis, obstruction, compression
- Abdominal distension (ascites, tumor growth with diaphragmatic involvement)
- Anemia, pulmonary embolism
- Pleural effusion
- CHF or other cardiac disease
- Infection

Symptoms

- Subjective expression of breathlessness
- Accessory muscle use, increased work of breathing (WOB)
- Anxiety, distress, can be fear
- May be cough, sputum, pleural pain, hemoptysis
- Weak, tired, lack of energy

Interventions

- Explore potential causes
- Medications; Opioids, Bronchodilators, Steroids, Oxygen
- Fan to move air
- Positioning
- Cool calm environment
- Provide care in blocks to avoid exhaustion
- Pre-medicate prior to activity
- Communicate well to ensure optimal QOL with limited energy and to assure the patient/family that you are taking this distressing symptom seriously