

# How to Deal with Dyspnea During the Dying Process



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## Introduction

Dyspnea is a frightening symptom for dying patients and their families. Pharmacologic and non-pharmacologic interventions should focus on symptomatic relief and prevention of complications to ensure relief and patient comfort. Psychological and spiritual support is also needed to assist patients and their families who often experience fear and anxiety.

## Assessment

Shortness of breath is a subjective symptom. The patient's perception of difficulty in breathing or having the sensation of air hunger is to be believed.

For patients with advanced disease in the hospice and palliative care setting, objective measures such as respiratory rate and oxygen saturation may not correlate with the sensation of breathlessness. Asking patients how short of breath they feel is the most accurate assessment of dyspnea severity.

## Interventions and Treatments

Pharmacologic therapy is based on determination of etiology and collaboration. However in refractory dyspnea in patients with advanced cancer and pulmonary disease, the treatment of cause may not be possible (for instance, due to tumor invasion or tissue damage). The primary goal in palliative treatment is to decrease the sensation of dyspnea and increase patient comfort.

The American College of Physicians recommends that in patients with serious illness at the end of life, clinicians should use therapies with proven effectiveness to manage dyspnea, which includes systemic opioids in patients with unrelieved dyspnea and oxygen for short-term relief of hypoxemia. Also recommended are other pharmacological approaches such as bronchodilators and corticosteroids.

## Non-pharmacological Interventions

- Position the patient upright to allow for better diaphragm efficiency and lung expansion.
- Direct cool air toward the person's face with a fan.
- Lower room temperature. Remove any constrictive covering or clothing.
- Offer patient/family appropriate psychosocial and spiritual care support.
- Ensure calm, quiet environment.
- Discontinue parenteral fluids.



## **Treatment with Oxygen**

Oxygen administration may help correct hypoxemia and relieve sensation of breathlessness. Even when oxygenating benefit is not certain, oxygen may continue to be psychologically comforting to patients and family members. Oxygen is usually most comfortably administered via nasal cannula at 4- 6L/min.

