

Pharmacologic Management of Respiratory Congestion at the End Stages



Nursing Care of the Actively Dying Patient

Pharmacological treatment of respiratory congestion when the patient is actively dying should be based on relieving the cause of excessive respiratory secretions whenever possible.

If the underlying cause of deep fluid accumulation is pneumonia or fluid overload, the anticholinergic agents listed below will not be effective. Anticholinergic agents act systemically and will dehydrate all mucous membranes. Attend vigilantly to oral and eye care to maintain comfort. Assess for urinary retention and bladder distention.

Avoid suctioning which will be uncomfortable for the patient and irritate tissues stimulating increasing secretion. Consider oral suction only if upper airway secretions are visible and accessible.

Pharmacological Interventions

Remember that sublingual (SL) medications will also be absorbed buccally. When administering SL medications, turn the patient to one side to minimize additional fluid accumulation in the person's throat.

- hyoscyamine (Levsin®) tablets or drops 0.125-0.25 mg po/sl every 4 h as needed
- scopolamine transdermal (Transderm-Scop®) apply 1-2 patches behind ear every 72 h
- atropine 0.3 mg sq every 4 h (max 1.2 mg every 4 h)
- glycopyrrolate (Robinul®) 1-2 mg po/sl every 4 h as needed

Evaluate and Document symptom at each visit until resolved. Evaluate discontinuing medications as symptoms resolve. Collaborate with psychosocial and

spiritual professionals to confirm that symptoms are managed with the most effective combination of non pharmacological and pharmacological interventions.

