



# Northern Health Palliative Care

## Dyspnea

### Causes of Dyspnea (Shortness of Breath)

*Occurs in up to 95% of COPD patients, 75% of advanced disease of any cause, and up to 79% of Advanced Cancer Patients; Dyspnea is underrecognized and often missed during assessments.*

**Pulmonary:** Airway obstruction, COPD/Asthma, damage from chemotherapy, radiation or surgery, emboli, fibrosis, effusion, primary or metastatic tumour.

**Cardiac:** CHF, CAD, arrhythmias, pericardial effusion.

**Neuromuscular:** ALS, CVA, poliomyelitis, myasthenia gravis.

**Other:** Anxiety, fatigue/deconditioning, weakness, pain, severe anemia, infection, carcinomatosis, hepatomegaly, phrenic nerve lesion, peritoneal effusion.

**Superior Vena Cava (SVC) Obstruction:** This is an emergency and requires prompt intervention.

### Assess your patient – Screen and Manage Symptoms

**Ask** your patient - dyspnea is subjective

**Rate** dyspnea the same way you rate pain

**Use OPQRSTUV** – Onset, Provoking, Quality, Region, Severity, Treatment, Understanding, Value.

**Diagnostics** – Determine possible causes and reverse as possible if in keeping with goals of care

**Treat** based on goals of care and illness trajectory.

### Initial Treatment Plan for Patients with Dyspnea

*Opioids are the first line pharmacological treatment for dyspnea.*

**Start Low and Go Slow** – For example, Morphine 1mg - 2.5mg PO Q6H plus PRN.

**Initiate and Titrate Doses** depending on level of distress – mild, moderate, or severe.

**Adjuvant Medications** – Corticosteroids, Methotrimeprazine, Bronchodilators, Diuretics (CHF, pulmonary edema), Lorazepam (useful in select cases, such as previous anxiety disorders). If hypoxia is present, oxygen might be useful (use lower volumes in COPD patients).

### Use Non-Pharmacological Measures for the Treatment of Dyspnea

Use a fan; improve positioning by leaning forward; use pillows to keep head up and avoid irritants. Manage cough and end-stage secretions. Prepare for hemorrhage when hemoptysis is present. Ensure you have signed, pre-printed palliative care order sets ready.

#### References:

B.C. Inter-professional Palliative Symptom Management Guidelines, December 2017  
Respiratory Symptoms, Pallium Canada LEAP CORE Module 8