

Palliation of Breathlessness

Breathlessness is a common and frightening symptom

Accurate assessment is the key

After full history and careful clinical examination, consider if there is any reversible causes e.g.

Cardiac failure	Infection	Pleural effusion
Pulmonary embolus	Arrhythmia	Pneumothorax
Treatable cancer	Anaemia	Bronchospasm

reat or seek advice as appropriate

re is evidence of **STRIDOR** or superior vena caval obstruction (SVCO) give high dose dexamethasone 16mg daily (IV, SC, PO) and seek specialist advice

General advice

- Explanation for patient and carer
- Well ventilated surround e.g. fan, open window
- Simple breathing exercises and physiotherapy input/ advice
- Supportive treatment

Trial of opioids

- **Normal release oral morphine 4 hourly** ♦
- Start with 2.5mg if patient is opioid naïve
- Increase dose depending on response and side effects (usually 30-50% dose increments are required)
- If unable to take drugs orally, use subcutaneous route: **diamorphine**: 2.5mg bolus subcutaneously or continuous infusion diamorphine 10mg in 24 hours sc.
- N.B. If already on opioid convert to diamorphine. Titrate against symptom with 30-50% dose increments. (For conversion, see management of pain algorithm)

Trial of benzodiazepines

Lorazepam tablets 0.5-1mg sublingual ♦ works quickly - may help in acute situation
Diazepam 2-5mg orally and if effective prescribe regularly 2-5mg tds

Consider bronchodilators if wheeze present

Consider oxygen if hypoxic via mask or nasal cannulae

Management of severe breathlessness in the last days or hours

If having difficulty taking medications orally – convert to subcutaneous administration (for opioid: see pain algorithm)

Give midazolam 2.5mg SC ♦ if distressed. If effective this can be given as a SC infusion and titrated to effect – usual starting dose of midazolam 5-10mg over 24hrs

If breathing is noisy or secretions are excessive – consider changing the position of the patient

Give hyoscine hydrobromide ♦ 400microgram SC prn or add up to 2.4mgs to SC infusion over 24 hrs

Contact local specialist palliative care unit if further advice required