

10 TOP TIPS

Managing complex symptoms: Breathlessness

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- 1** Any new or worsening breathlessness should be fully assessed taking into account the impact on the patient, relatives/carers, and any potential reversibility
- 2** Remember , anxiety leads to breathlessness and breathlessness leads to anxiety
- 3** Treat reversible causes if appropriate. If the patient is in the last few hours of life then treating symptoms not cause may be appropriate
- 4** Devise a management plan with the patient /carer and review this regularly
- 5** Share the plan with colleagues including the OOH Team
- 6** Oxygen only helps hypoxic patients. Therefore check saturations (with finger tip monitor) at rest and on exertion. Patients with Oxygen sats>94% don't need oxygen no matter how breathless they feel
- 7** For non-hypoxic patients reassurance and an appropriately positioned fan (straight onto the face so as to provide airflow) is as or more effective than oxygen
- 8** Short - acting and low dose opiates are often effective (2.5 – 5mg morphine)
- 9** Breakthrough pain opiate doses should be calculated and taken separately from breathlessness opiate doses. This may need written instructions to patients and carers to aid understanding
- 10** If in doubt, talk to the Specialist Palliative care team and / or local Breathlessness resources/teams.

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