Any new or worsening breathlessness should be fully assessed taking into account the impact on the patient, relatives/carers, and any potential reversibility.

Remember, anxiety leads to breathlessness and breathlessness leads to anxiety.

Treat reversible causes if appropriate. If the patient is in the last few hours of life then treating symptoms not cause may be appropriate.

Devise a management plan with the patient/carer and review this regularly.

Share the plan with colleagues including the OOH Team.

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.

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.

Short-acting and low dose opiates are often effective (2.5 – 5mg morphine).

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.

If in doubt, talk to the Specialist Palliative care team and/or local Breathlessness resources/teams.