**Managing Noisy respiratory secretions**

**General considerations for managing noisy respiratory secretions**

* Discuss the options for managing noisy respiratory secretions with the dying person and those important to them.
* Assess for the likely causes of noisy respiratory secretions.
* Establish whether the noise has an impact on the dying person or those important to them.
* Reassure them that, although the noise can be distressing, it is unlikely to be an expression of discomfort.
  + Be prepared to talk about any fears or concerns they may have.
* Consider non‑pharmacological measures e.g. patient positioning.
* When giving medicine for noisy respiratory secretions:
  + Monitor for improvements, preferably every 4 hours, but at least every 12 hours.
  + Treat side effects, such as dry mouth (see below).
* Discuss the benefits, harms/risks and burdens of any medications offered.
* Utilise the [Symptom Observation Chart for the Dying Person](https://viewer.microguide.global/guide/1000000244#content,e15a1a3e-8645-4355-bf09-3889ef5f8329)  as part of the assessment of medication benefit.

Consider changing or stopping medicines if:

* + Unacceptable side effects, such as dry mouth and urinary retention persist.

**Noisy Respiratory Secretions**

**PRESENT**

**ABSENT**

Prescribe and give the first dose of GLYCOPYRRONIUM BROMIDE 0.2mg SC injection 4 hourly PRN

Max 1.2g / 24 hours

Prescribe GLYCOPYRRONIUM BROMIDE 0.2mg SC 4 hourly PRN

Max 1.2g / 24 hours

If two or more doses of PRN GLYCOPYRRONIUM BROMIDE SC required in 24 hours follow

If two or more doses of PRN GLYCOPYRRONIUM BROMIDE required then consider a syringe pump SC over 24hrs.

Starting dose of at least 0.6mg/24hrs (depending on PRN requirements) and step increase to a maximum 1.2mg/24hrs.

Parenteral fluids and care plan should also be reviewed.

**If ineffective after 24 hours maximum dose, discontinue and seek advice from Specialist Palliative Care Team**

**Supportive information:**

* Hyoscine hydrobromide 0.4mg SC 4 hourly PRN may be used as an **alternative** (avoid in patients with renal impairment of eGFR <30mL/min or severe hepatic impairment);
  + Do not give multiple antimuscarinic compounds concomitantly (e.g. glycopyrronium and hyoscine).
* Whichever agent is used, it is important to administer a dose as soon as respiratory secretions are evident – antimuscarinics cannot dry up existing secretions, only prevent formation of new secretions.

Monitor regularly for side effects, particularly delirium, agitation or excessive sedation when using hyoscine hydrobromide.

**Considerations for relief of dry mouth:**

* Ensure regular oral assessment and use the ‘Symptom Observation Chart for the Dying Person’
* Ensure support is given to drink as safely and as is practically possible.
  + Provide any necessary aids to do this.
  + Provide regular and diligent mouth and lip care.
* Consider using green sponges to assist with mouth care (ensure foam head is firmly attached and moistened before use).
* Use water for mouth care and cleansing.

Consider prescribing artificial saliva products e.g. Orileve, Glandosane or Biotene Oral Balance Gel (normally used QDS) to enhance oral care.

**Considerations for clinically assisted hydration:**

Use an individualised approach and ensure options for clinically assisted hydration is discussed with the dying person and those important to them. Ensure the following are taken into account:

* Whether they have expressed a preference for or against clinically assisted hydration, or have any cultural, spiritual or religious beliefs that might affect this documented in an advance statement or an advance decision to refuse treatment.
* The patients level of consciousness.
* Any swallowing difficulties the patient may have.
* The patients level of thirst.
* The patients risk of pulmonary oedema.
* Whether even temporary recovery is possible.

**References:**

Care of dying adults in the last days of life NICE guidelines (NG31) Published date: December 2015

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