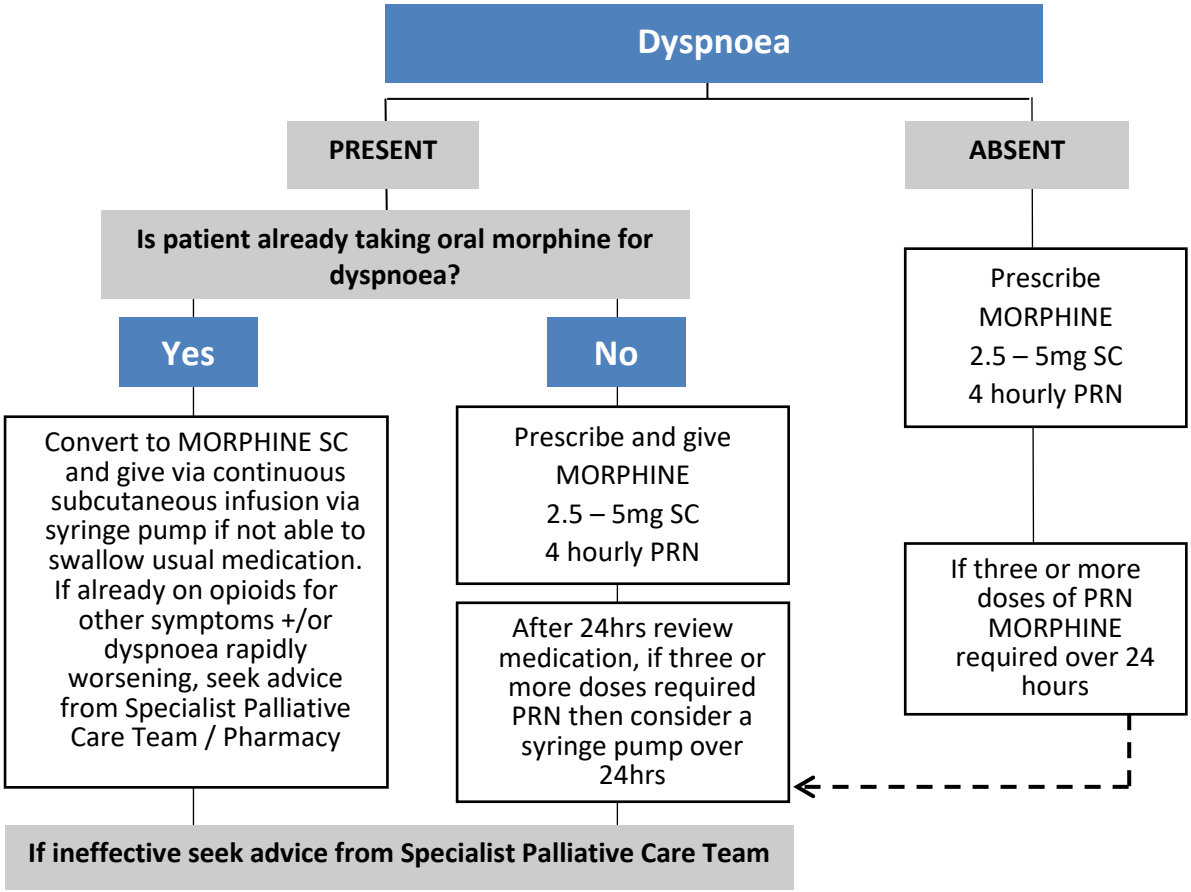
Managing Dyspnoea

General considerations for managing dyspnoea

- Identify reversible causes of breathlessness in the dying person, e.g. pulmonary oedema or pleural effusion.
    - Note that invasive treatment is not always appropriate.
- If having regular opioid for pain management, consider a second PRN dose; patients on regular opioids may still get relief from 'dyspnoea'.
- Consider non-pharmacological management of breathlessness in a person in the last days of life e.g. placing a fan near the patient, positioning of patient on bed.
- Do not routinely start oxygen to manage breathlessness.
- Only offer oxygen therapy to people known or clinically suspected to have symptomatic hypoxaemia.
- If breathlessness is suspected to be due to heart failure, please refer to Management of Heart Failure guideline and apply if appropriate.
- Discuss the benefits, harms/risks and burdens of any medications offered.
- Utilise the 'Symptom Observation Chart for the Dying Person' as part of the assessment of medication benefit.
- switch to oxycodone if eGFR≤15



References:

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