Breathlessness Decision Tree

ESAS Scale

1 2 3 4 5 6 7 8 9 10

No evidence of need

Refer to Medical Team

Assess other symptoms and act accordingly

NO

Is this a new symptom that needs investigation (e.g. infection, pulmonary embolism, airway obstruction, pleural effusion, lymphangitis, cardiac pathology, cancer)

YES

Is it a rapid onset? (hours to days)

Refer to medical team for assessment, investigation and management

NO

Refer to Medical Team

Assess other symptoms and act accordingly

NO

Is the client in immediate distress? Yes □ No □

Is the dyspnea distressing? Not at all □ Somewhat □ Very much □

Level of Distress

Onset, Duration and Severity

Precipitating and Relieving factors

Associated symptoms

Physical assessment

Psychological

Diagnostic tests

PPS

Dyspnea Assessment

What things make your breathlessness worse:

• Strenuous activity
• Minimal activity
• At rest
• Tussling
• Lying flat

What do you do to improve your breathlessness:

• Modifying activity/ADL
• Positioning
• Breathing exercises
• Medications (including use of O2)

Promotes well-being

Improves ventilation

In-depth assessment & early recognition of need for pharmacologic/medical support

Breathing and relaxation techniques

Goal setting and the therapeutic nurse client relationship

Support and advice on managing dyspnea

Note: These non-pharmacology approaches do not replace medical treatments and should augment the plan of care

1) See reverse for assessment

2) Breathing and Relaxation Techniques

• Consider referring to physiotherapy, occupational therapy, respiratory therapy, psychosocial team member

Explain why breathing control techniques help:

• Minimizes the work of breathing
• Improves ventilation
• Promotes relaxation
• Maximizes use of respiratory muscles
• Promotes well-being

Teach and practice this simple breathing exercise with client and family:

• Sit in comfortable chair with back and head supported
• Let the shoulders relax (drop the shoulders)
• Breathe current natural way, “listen to the breaths” and
• relax into the breath
• Try to breathe in through the nose and out the mouth taking twice as long to exhale. Count to “3” on your breath in and “6” on your breath out.
• Place palm of your hand on your abdomen and give a little cough—this is your diaphragm
• Now breathe in gently and try to push your tummy or diaphragm out (your hand should move at the same time)
• Do this exercise a few times a day (about 4 breaths each time you practice)
• This is an excellent exercise to do when you are feeling breathless
• Involve family with these exercises – they can support the client and feel helpful

This toolkit is a resource to assist with prevention and management of breathlessness. The toolkit includes:

i. In-depth assessment & early recognition of need for pharmacologic/medical support

ii. Breathing and relaxation techniques

iii. Goal setting and the therapeutic nurse client relationship

iv. Support and advice on managing dyspnea

Peel Regional Cancer Program
Credit Valley Hospital

Evidence Based Toolkit for Breathlessness Management
Teach comfortable positions that facilitate optimal breathing.

1)  

2)  

3)  

4)  

Relaxation Techniques

Explain why relaxation can help:
- Slows breathing
- Makes breathing more effective
- Reduces stress

Teach and practice this simple relaxation exercise with client and family
- Find a comfortable chair/sofa/bed (music may help in relaxation)
- If client is comfortable, invite them to relax and clear their mind. They may wish to close their eyes
- Always encourage the client to relax their shoulders and focus in on the breath
- Relaxation helps the client build up confidence about an activity before carrying it out by inviting them to mentally rehearse a situation with a positive outcome, such as taking a shower and feeling calm, or climbing stairs in a relaxed slow manner

3) Goal Setting and Developing a Therapeutic Nurse Client Relationship

Creating a supportive relationship can help the client and family achieve effective coping strategies.

Key qualities of a therapeutic relationship
- Acceptance, genuineness, sensitivity, empathy, partnership, active listening and reassurance

Some simple techniques of developing the relationship
- Reassure client you will work with them on ways to help manage their breathlessness
- Help client determine their goals by listening to their concerns and talking through their problems
- Truly listen: avoid interrupting or talking over
- Encourage client to express themselves, (Can you tell me how you are feeling right now?)
- Avoid using jargon or "medical talk"
- Be comfortable with brief periods of silence
- Use empathy skills, (It makes sense to me you might feel that way, I could imagine each time you feel short of breath you wonder if the illness is getting worse. – check for accuracy “does this fit with how you feel?”)
- Recognition of meanings and fears and acknowledging their significance can help to diffuse distress and provide relief
- Each client is unique and many are unable to articulate their deeply hidden fears. They might not realize how anxious they are
- Be sensitive to the difficulties a client might have in expressing themselves, their cultural differences, and practices and the role the family plays
- Always end the visit by saying (“Is there anything else I can do for you?”)

Suggest client and family to view podcast on Breathing Demonstrations, see web link below:  
http://www.alcase.org/facing/treatment.html

4) Support and Advise on Managing Breathlessness: Explain why controlling activities can help

Controlling activities can help reduce triggers that may cause breathlessness
- Think ahead about what activities are important for the day
- Pace activities, do the important activities first
- Keep items most frequently used close by
- Walk or talk – this applies to those walking with you as well
- Rest in-between activities
- Managing stairs: as you take each step breathe out
- Dressing: sit as much as possible, avoid bending, loosen restrictive clothing
- Increase flow of air – open window or use a fan or cool cloth on forehead
- Encourage gentle exercise to promote independence
- Consider referral to Occupational Therapy for advice regarding equipment

References:

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