



What you should know about Breathing Changes

Trouble Breathing

Patients with terminal illnesses may experience trouble breathing that may be mild to severe. Patients who have diseases affecting the lungs or heart are especially likely to have trouble breathing.

One of the simplest ways to relieve trouble breathing is to help the patient sit up. If you have a hospital bed, raise the head of the bed. If you don't have a hospital bed, place a large cushion or two (from a couch or pillows) evenly under the head end of the mattress, allowing the patient to sit more upright.

When breathing becomes difficult, medications may be helpful. Your nurse will teach you the right time and the right combination that will work best.

Congestion

Some patients may have gurgling, bubbling or rattling sounds coming from the chest or throat. This may be due to poor circulation, immobility, and an

inability to cough up secretions. Though it may be hard to listen to, it's usually not uncomfortable for the patient. Generally, suctioning is not recommended. Changing to an upright or sitting position is usually helpful.

Breathing Changes

Your loved one's breathing pattern may change in the last days or hours of life. There may be periods, even several seconds at a time, when there is no breathing or rapid, irregular rhythms of breathing. Even though this may look different, this is a normal process at the end of life. Elevating the head may help. Hold hands, speak gently and be reassuring.

Administration of Oxygen

Oxygen is most commonly delivered by tubes in the nose, but it may be administered by a mask. When trouble breathing gets worse, delivering a higher rate of oxygen may not be helpful as the ability to move air is less.

Non-Medical Interventions that you can do NOW:

- Cool the room and ensure the patient has lightweight clothing and linen.
- Use a fan to blow air directly at the patient's face, as long as tolerated.
- Open a window to provide a breeze and fresh air.
- Have the patient sit upright in bed and focus on deep breathing or slowing down their breath.
- Create a calm, quiet environment.
- Provide relaxation techniques—soothing music, massage or other relaxing touch, guided imagery or meditation.
- Provide emotional support—listening closely to what the patient is saying and provide reassurance.

Questions or concerns?

Call a hospice nurse at 513-891-7700.



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Trouble Breathing Scale

Please rate your trouble breathing. Consider how you feel, what symptoms you are experiencing and what medications have worked for you in the past. Review the list of interventions and begin to treat the trouble breathing as soon as you notice any symptoms.

On a scale from 1-10	How do you feel NOW?	Medications	Interventions
MILD Trouble Breathing 1-3	"I have trouble breathing during activity." "My breathing sounds normal." "I feel slightly anxious." "I'm a little out of breath."	Inhaler Lorazepam(Ativan) Nebulizer—after symptoms have subsided Take medication as directed	Rest with the head of the bed up Use a fan to blow air directly at the patient's face if tolerated Use oxygen as nurse directed—don't change settings unless instructed to do so
MODERATE Trouble Breathing 4-6	"I have trouble breathing at rest or can't catch my breath." "I make a wheezing or hacking sound while I'm coughing or breathing." "I have shallow or pursed lip breathing." "I feel anxious or shaky."	Lorazepam(Ativan) and/or Morphine(Roxanol) may be used as a combination as directed Steroid dose may be increased as directed	Use above interventions Call your hospice nurse if symptoms continue for more than 30 minutes
SEVERE Trouble Breathing 7-10	"I can't catch my breath." "I have severe trouble breathing at rest." "I have rapid, shallow or pursed lip breathing." "I feel very anxious or panicky." "I'm not moving much air."	Lorazepam(Ativan) and/or Morphine(Roxanol) may be used as a combination as directed	Call your hospice nurse or the Support Team immediately at 513-891-7700

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