

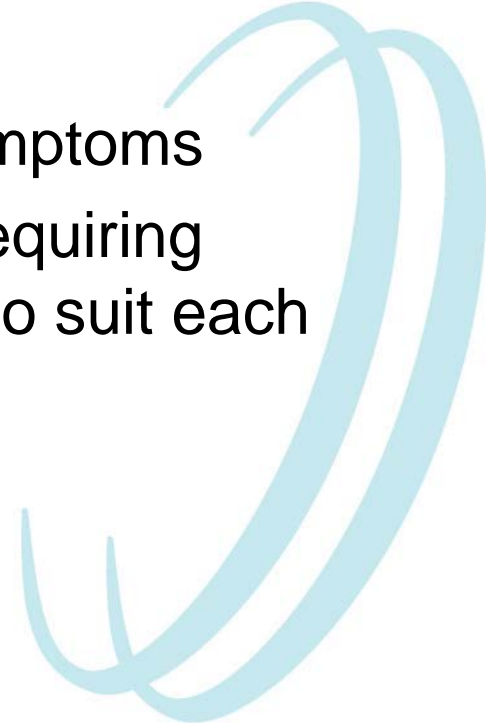
Management of breathlessness in residents with COVID 19 approaching end of life



Southern Health
and Social Care Trust

What is Breathlessness?

- Breathlessness is a complex experience of the mind and body, it is not a unidimensional event.
- Breathlessness can be distressing for the person and their loved ones (including staff, you see these residents more than their families and especially now)
- It can cause distressing and debilitating symptoms
- It can be multi-dimensional and complex, requiring appropriate assessment and interventions to suit each person

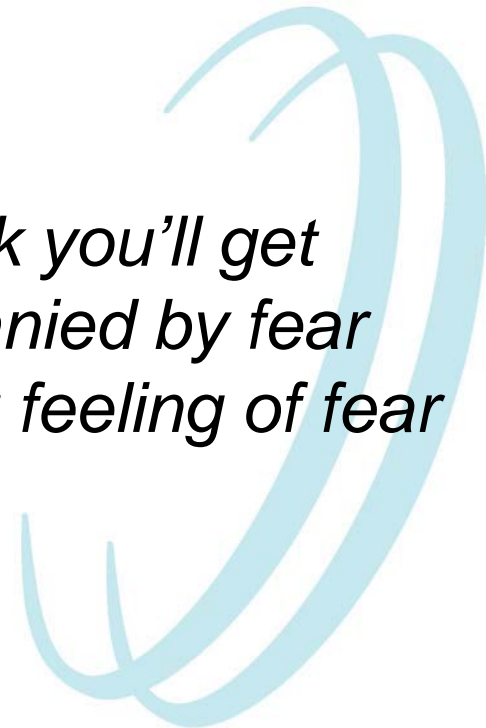


What is Breathlessness?

“It’s the worst feeling in the world, the worst way to die, its like smothering to death.....to lose control of your breathing”

“We feel very isolated especially at night”

“A frightening feeling where you don’t think you’ll get another breath and because it is accompanied by fear and panic, you can actually feel tightening feeling of fear in your chest and mind”



Why are they breathless?

- Alveoli fills with red and white blood cells, fluid, protein, bacteria pus
- Oxygen cannot get into the blood stream as lungs not working as they should



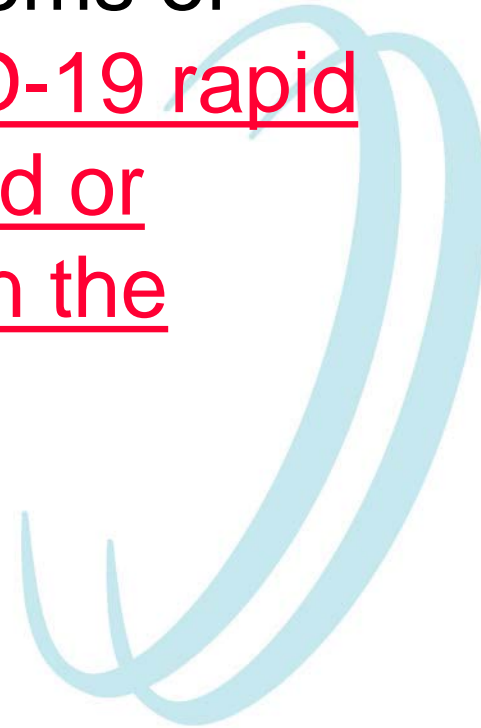
NICE Guidelines NG163

- COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community
- Provide a good reference point of management and are being regularly updated



NICE Guidelines - NG 163

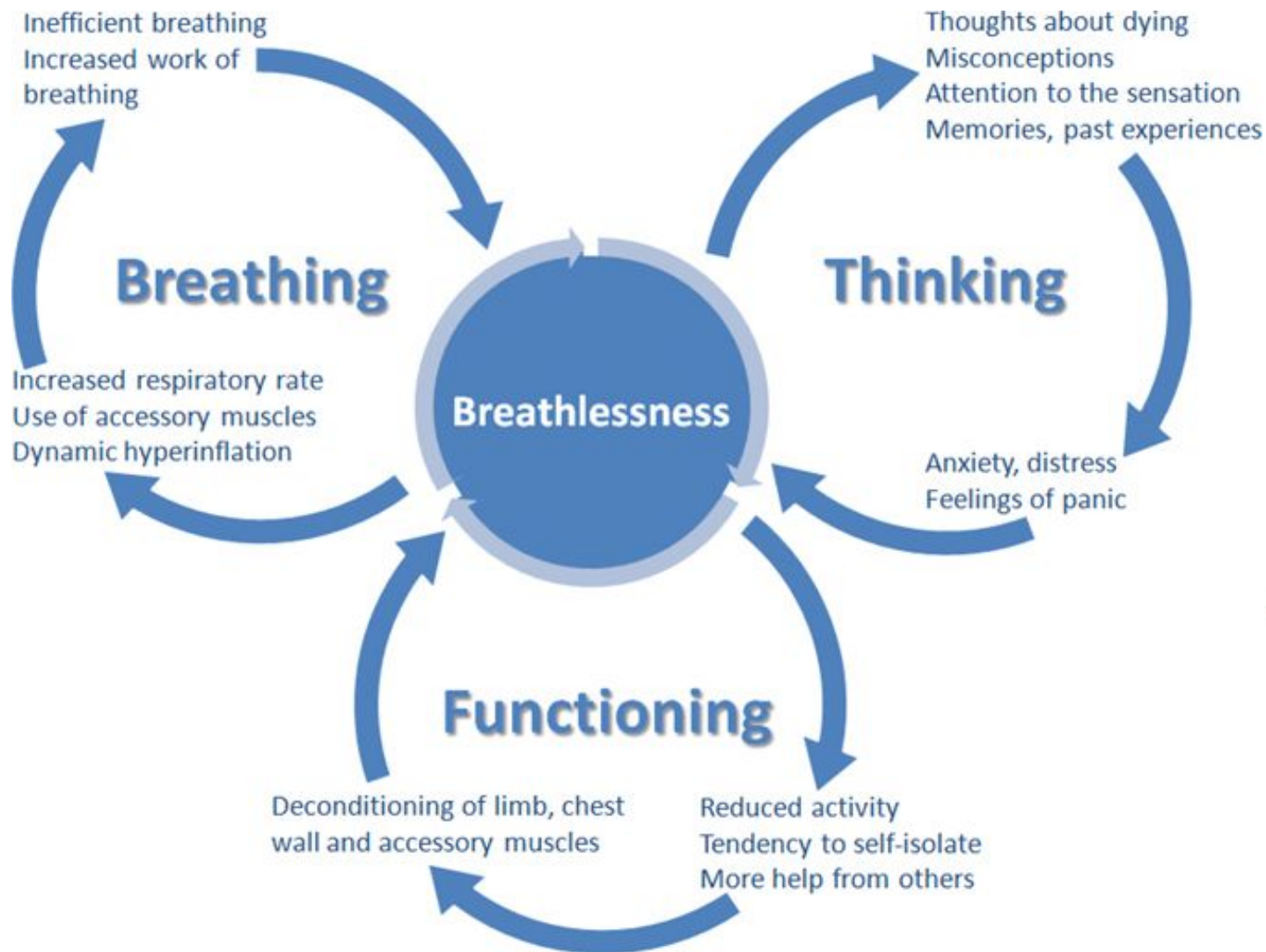
- Identify and treat reversible causes eg pulmonary oedema (diuretics)
- For patients with signs or symptoms of pneumonia see the [NICE COVID-19 rapid guideline on managing suspected or confirmed pneumonia in adults in the community](#)



NG 163 - Anxiety

- Be aware that severe breathlessness often causes anxiety, which can then increase breathlessness further.





Anxiety management techniques

- Intrinsic and vital component.
- CBT strategies
 - identifying triggers to residents' anxiety
 - learning how to overcome them
 - helping residents to challenge unhelpful thoughts.
- Managing panic
 - Recognition
 - Reassurance
 - Acceptance.
- Complementary therapies.



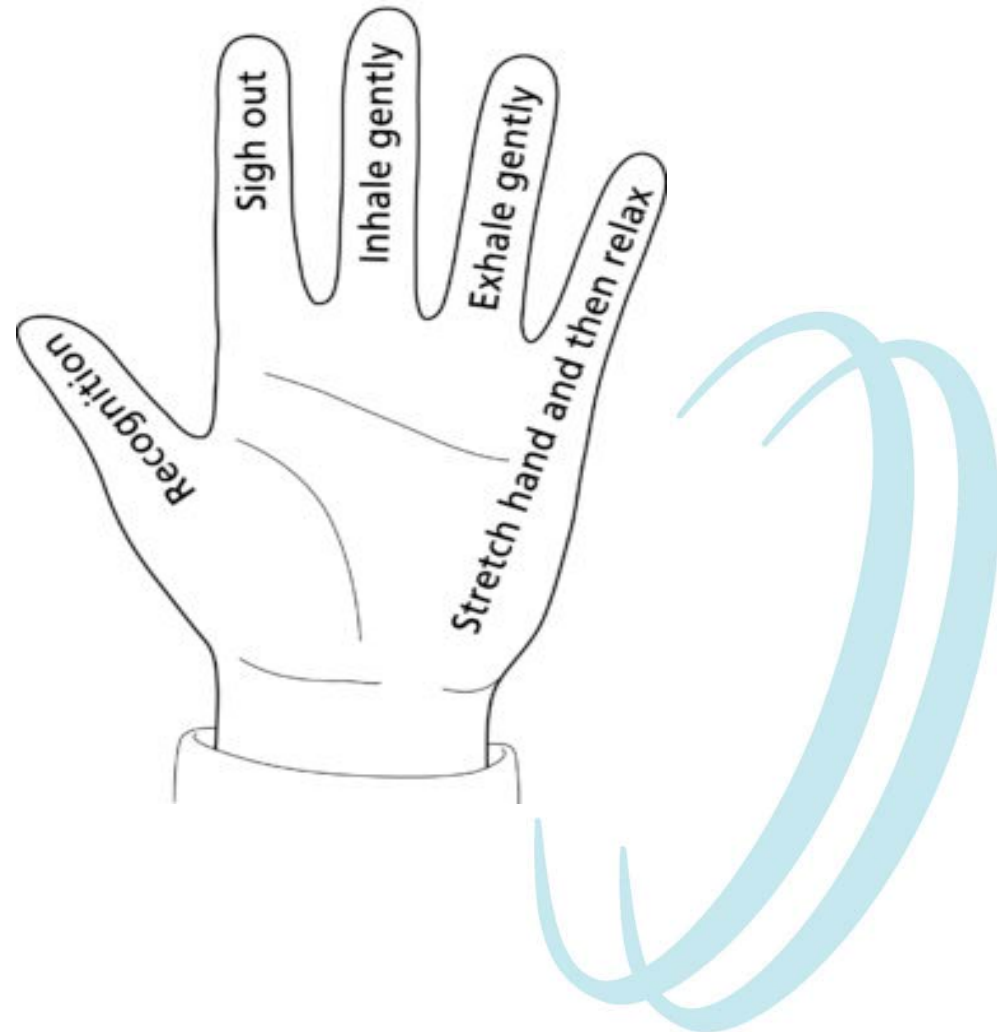
Anxiety management technique examples

- Encourage engaging in activities which allow the patient to relax eg *listening to music/ relaxation CD/ warm blanket/ bird table*
- Colouring books for adults
- Mindfulness
- Counselling
- Meditation, prayer, spiritual support
- Journaling –morning pages/single words – expressed but not behaved - 'PANIC' 'Birdsong' use colours



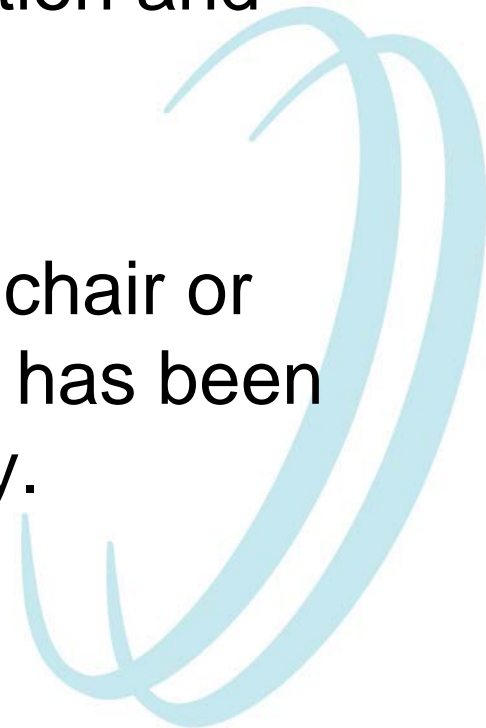
The Calming Hand

- Is a strategy you can use to remind you how to manage when you experience panic or feel out of control.
- There are five steps (or fingers) to understanding the Calming Hand.



NG 163 - Positions of Ease

- Relaxing and dropping the shoulders reduces the 'hunched' posture that comes with anxiety.
- Sitting upright increases peak ventilation and reduces airway obstruction.
- Leaning forward with arms bracing a chair or knees and the upper body supported has been shown to improve ventilatory capacity.



Positions of Ease



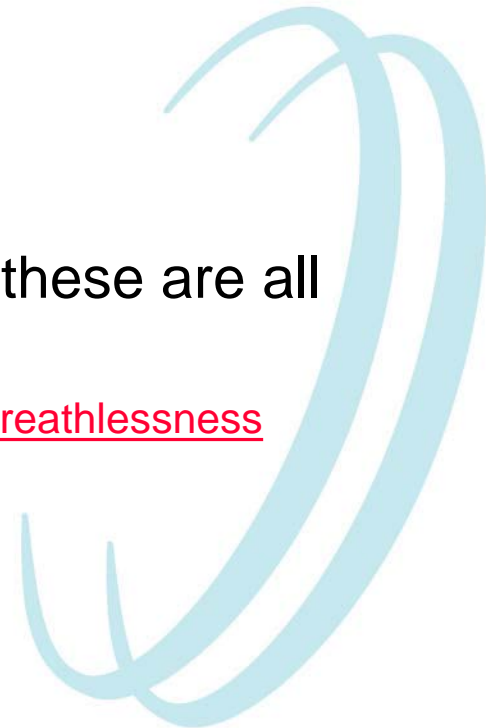
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Breathing control

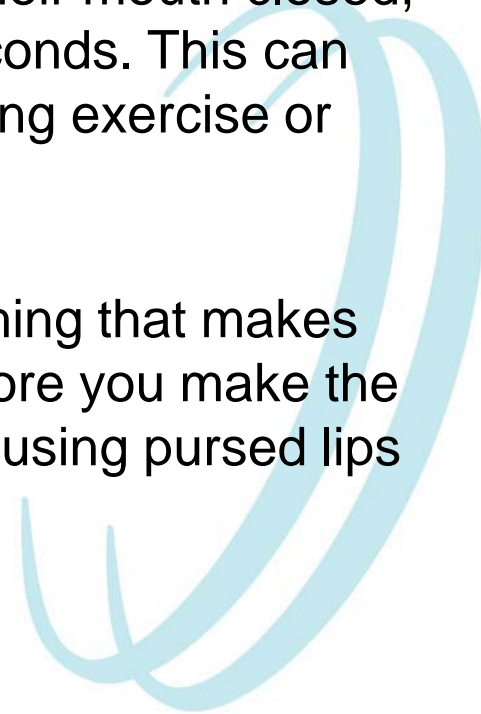
- Try to practise them every day. They can also help if you get out of breath suddenly.
- Being in control of your breathing means breathing gently, using the least effort, with your shoulders supported and relaxed.
- Different things work best for different people but these are all techniques to try:

<https://www.blf.org.uk/support-for-you/breathlessness/how-to-manage-breathlessness>



Breathing Techniques

- **relaxed slow deep breathing:** breathe in gently through your nose and breathe out through your nose and mouth. Try to feel relaxed and calm each time you breathe out.
- **pursed-lips breathing:** breathe in gently through your nose and breathe out with your lips pursed as if you are whistling. Residents inhale through their nose for several seconds with their mouth closed, then exhale slowly through pursed lips for 4 to 6 seconds. This can help to relieve the perception of breathlessness during exercise or when it is triggered.
- **blow as you go:** use this when you're doing something that makes you breathless, such as standing up. Breathe in before you make the effort. Then breathe out while making the effort. Try using pursed lips as you breathe out.



NG 163 - Keeping the room cool

- Open window/door!
- Sucking / crunching ice chips
- Ice lollies
- Cool flannel
- **Cannot use fans due to risk of infection spread**



Breathlessness SOS

THIS IS AN INSTRUCTION CARD TO HELP YOU MANAGE AN EPISODE OF BREATHLESSNESS.

1.  **WHATEVER YOU ARE DOING**

2. **REASSURE YOURSELF – Calming Hand (PTO)**



3. **TAKE ANY MEDICATION YOU HAVE FOR YOUR BREATHLESSNESS**



4. **LEAN FORWARD**



5. **OPEN A WINDOW OR PLACE A COLD FLANNEL ON YOUR FOREHEAD**

6. **SIGH OUT SOFTLY & GRADUALLY MORE SLOWLY**

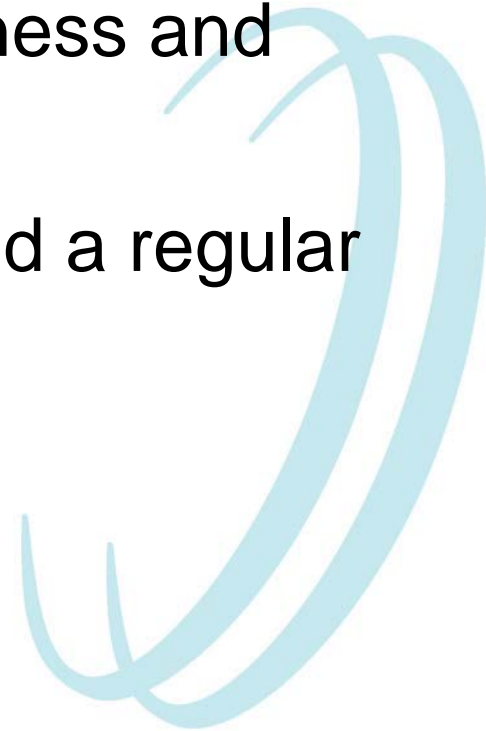
7. **GENTLY BREATHE IN**

8. **REPEAT STEP 5-7 UNTIL YOUR BREATHING RETURNS TO YOUR NORMAL (THIS MAY TAKE 10-15 MINUTES)**



NG 163 – Pharmacological management

- Consider an opioid and benzodiazepine combination for patients with COVID-19 who:
 - are at the end of life and
 - have moderate to severe breathlessness and
 - are distressed.
- Consider also using an antiemetic and a regular stimulant laxative



NG 163 – Pharmacological management

Table 4 End-of-life treatments for managing breathlessness for patients aged 18 years and over

Opioid naive (not currently taking opioids) and able to swallow

Oral treatment

Morphine sulfate immediate-release 2.5 mg to 5 mg every 2 to 4 hours as required or morphine sulfate modified-release 5 mg twice a day, increased as necessary (maximum 30 mg daily)

Already taking regular opioids for other reasons (for example, pain relief)

Oral treatment

Morphine sulfate immediate-release 5 mg to 10 mg every 2 to 4 hours as required or one twelfth of the 24-hour dose for pain, whichever is greater

Unable to swallow

Parenteral treatment

Morphine sulfate 1 mg to 2 mg subcutaneously every 2 to 4 hours as required, increasing the dose as necessary. If needed frequently (more than twice daily), a subcutaneous infusion via a syringe driver may be considered (if available), starting with morphine sulfate 10 mg over 24 hours

Special considerations

Seek specialist advice for patients under 18 years old

See [BNF](#) for more details on formulations and dosages of morphine sulfate. If breathlessness is not continuous, intermittent opioid dosing may be appropriate

If estimated glomerular filtration rate (eGFR) is less than 30 ml per minute, use equivalent doses of oxycodone instead of morphine sulfate (see [Prescribing in palliative care in the BNF](#) for more details)

Consider concomitant use of an antiemetic and a regular stimulant laxative

Continue with non-pharmacological strategies for managing breathlessness when starting an opioid

Opioid patches should not routinely be used in patients who are opioid naive because of the time it takes for the medicine to get to steady state for clinical effect and the high morphine equivalence (see [Prescribing in palliative care in the BNF](#) for more details)

Add a benzodiazepine if required

For breathlessness and anxiety: lorazepam 0.5 mg sublingually when required (maximum 4 mg daily)

Reduce the dose to 0.25 mg to 0.5 mg in elderly or debilitated patients (maximum 2 mg in 24 hours)

For associated agitation or distress: midazolam 2.5 mg to 5 mg subcutaneously when required (see [BNF](#) for more details on dosages)

Sedation and opioid use should not be withheld because of a fear of causing respiratory depression

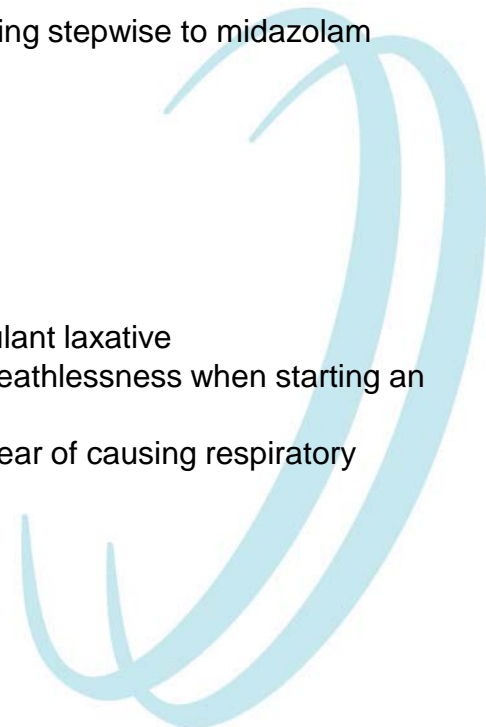


NG 163 – Pharmacological management

Table 5 Treatments in the last days and hours of life for managing breathlessness for patients aged 18 years and over

Table 5 Treatments in the last days and hours of life for managing breathlessness for patients aged 18 years and over

Treatment	Dosage
Opioid	Higher doses may be needed for symptom relief in patients with COVID-19. Lower doses may be needed because of the patient's size or frailty
Benzodiazepine if required in addition to opioid	Morphine sulfate 10 mg over 24 hours via a syringe driver, increasing stepwise to morphine sulfate 30 mg over 24 hours as required Midazolam 10 mg over 24 hours via the syringe driver, increasing stepwise to midazolam 60 mg over 24 hours as required
Add parenteral morphine or midazolam if required	Morphine sulfate 2.5 mg to 5 mg subcutaneously as required Midazolam 2.5 mg subcutaneously as required (See BNF for more details on dosages)
	Special considerations Seek specialist advice for patients under 18 years old Consider concomitant use of an antiemetic and a regular stimulant laxative Continue with non-pharmacological strategies for managing breathlessness when starting an opioid Sedation and opioid use should not be withheld because of a fear of causing respiratory depression



Oxygen and Breathlessness??

- Oxygen should only be considered when SpO₂ <90%.
- Oxygen will not relieve breathlessness that is not associated with hypoxia



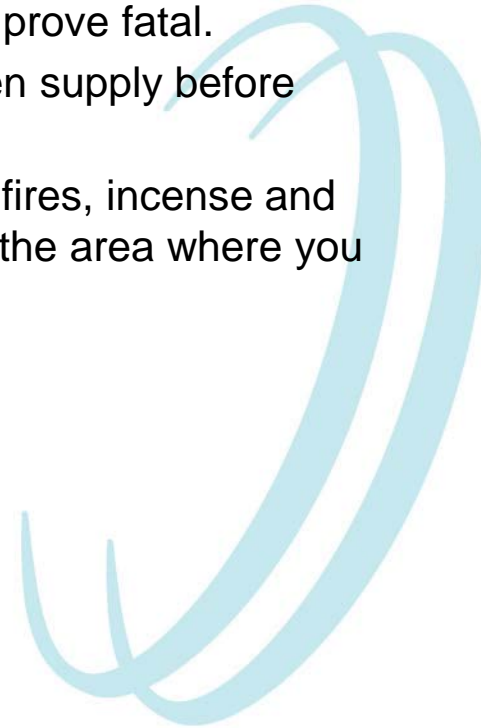
Oxygen Provision for Care Homes

- To help manage demand, new concentrators have been secured centrally by BOC. Therefore, as a short-term arrangement, this is the preferred arrangement for **patients in nursing homes being currently started on O2**.
- **AS A TEMPORARY MEASURE, PATIENTS RESIDING IN NURSING HOMES WHO REQUIRE STARTING ON O2 SHOULD NOW BE SUPPLIED WITH OXYGEN VIA THE BOC CONTRACTED SERVICE.**
- **SUPPLY VIA CHEMIST OF CYLINDERS IS CURRENTLY STOPPED.**
- BOC Homecare contact telephone number: [0800136603](tel:0800136603)



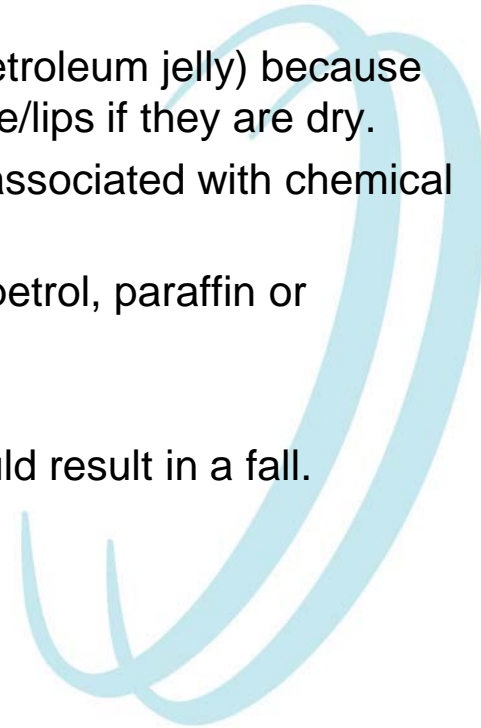
Oxygen Risk Assessment

- It is strongly advised that you do not undertake any activity which puts you at risk whilst using the home oxygen equipment. The following are examples of unsafe activities for Home Oxygen users; this however is not an exhaustive list. In accepting the equipment, you agree to:
- **NOT** to smoke (this includes E-cigarettes, tobacco and other substances) or allow those near you to smoke during treatment with oxygen therapy, as you understand that smoking during oxygen therapy can cause serious injuries and can prove fatal.
- To allow at least 30 minutes to pass, disconnected from your oxygen supply before smoking in a safe area, away from your oxygen equipment.
- **NOT** to allow naked flames such as gas cookers, barbeques, open fires, incense and candles (including scented, aromatherapy and birthday candles) in the area where you are using your oxygen therapy. See guidance from fire service.



Risk Assessment cont.

- **NOT** to use electrical appliances or heaters, as you understand that even the smallest spark can cause violent ignition. Electrical equipment capable of sparking will not be used whilst you are using the oxygen equipment.
- **NOT** to use the oxygen equipment within a distance of less than 3 meters (10 feet) of a naked flame or gas fire.
- **NOT** to use oil or grease on the oxygen cylinder valve.
- **NOT** to use oil-based products on your skin (e.g. emollients or petroleum jelly) because of the risk of receiving chemical burns. Use K-Y jelly for your nose/lips if they are dry.
- **NOT** to use oxygen equipment in petrol stations, due to the risk associated with chemical burns.
- **NOT** to store the oxygen equipment in the same place as paint, petrol, paraffin or flammable materials.
- You **WILL** turn off the oxygen equipment when not in use.
- **BE AWARE** that oxygen tubing could be a trip hazard, which could result in a fall.



Going home checklist

- ✓ Take a moment to think about today.
- ✓ Acknowledge one thing that was difficult during your working day - let it go.
- ✓ Consider three things that went well.
- ✓ Check on your colleagues before you leave - are they OK?
- ✓ Are you OK? Your senior team are here to support you.
- ✓ Now switch your attention to home - rest and recharge.

