Mid North Coast Rural Palliative Care Project – Link Nurse Education 2004

Respiratory Disease

A Palliative Approach

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Outline

- Palliative Care / Palliative Medicine
- Causes and Management of
- Dyspnoea
- Cough
- Haemoptysis
- Terminal phase management

What is Palliative Care ?

New WHO definition (2002)

"Palliative Care is an approach which improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early intervention and impeccable assessment and treatment of pain and other problems - physical, psychosocial and spiritual."

Palliative Medicine

- The role is to offer what has been learnt about palliation of malignant disease to those caring for clients with progressive, incurable, non-malignant conditions
- Many symptoms experienced by cancer patients and non-cancer patients are similar; cancer patients symptoms may be more severe, but those of non-cancer patients tend to be more prolonged

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Outline

What is:

- Dyspnoea
- Cough
- Haemoptysis
- Terminal phase
- Management strategies
- End-of-life Pathway

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Dyspnoea

Defined as an awareness of uncomfortable breathing that can affect quality of life

Frequently associated with end stage of various diseases, such as cancer, cardiac failure, chronic airways disease, and neurodegenerative disorders (MND).

Dyspnoea may triggers panic, and panic exacerbates dyspnoea

Assessment

A complete history and physical examination will help to identify:

- Pre-existing disease (CAL, asthma)
- Stage of the disease
- Onset, duration, relieving or worsening factors
- A visual analogue scale, provides some understanding of how distressing dyspnoea is for the client

Causes of Breathlessness

- Airway Obstruction (large and small)
- Infection
- Pulmonary embolism
- Anaemia
- Pleural effusion
- Tumour
- Abdominal distention
- Heart failure
- Bronchospasm
- Ascites
- Psychological factors

Management of Symptoms

Treat the underlining reversible cause:

- Bronchospasm
- CCF
- Infection
- Pleural effusion
- PE
- Ascites
- Anaemia

Management of Symptoms

Treat the symptoms: general measures

- Reassurance
- Nurse in a comfortable position
- Complementary therapies (acupuncture, visualisation, relaxation therapy massage)
- Fan or open window
- Activity management/energy conservation
- Oxygen

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Oxygen

Oxygen:

- Not all clients with dyspnoea will benefit from oxygen
- Unless dyspnoeic at rest, oxygen should be discouraged except before and after physical activity

Pharmacological

Steroids:

- Airway obstruction
- Treacheal tumour - stridor
- SVC obstruction
- Tumour
- Lymphangitis

Bronchodilators

Bronchodilators:

- May benefit if the is any reversible component to broncho-constriction
- Salbutamol (Ventolin) increases voluntary strength

Opioids

Morphine:

- First line therapy: *Oral, *Parental, *Nebulised
- Reduces respiratory drive and can ease the sensation of dyspnoea
- *Opioid Naïve:* 1mg - 2mg q4h, increased by 2mg increments

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Benzodiazepines

- **Benzodiazepines** - add to opioids if there is an anxiety component to the dyspnoea
- Anxiety/panic can feed back on each other
- Lorazepan (Ativan sl)
- Slowly tritrate 0.5mg nocte then increase to 0.5mg bd
- Midazolam – quick acting (sci) useful in acute panic situation

Nubulised Frusemide

Early days:

- St George hospital was involved in a study using nebulised Frusemide (Lasix) on patients that remained dyspoenic despite optional treatment (bronchodilators, oxygen, opioids)
- Nebulised frusemide 20mgs q6h

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Cough

- Cough is a complex respiratory reflex designed to expel excess mucous from the trachea and main bronchi (Twycross,1997)
- Cough can be a major cause of pain and distress
- Impairs sleep
- Interrupts communication
- Bursts of coughing may precipitate vomiting

Cough

Multiple possible causes:

- Infection
- Pleural disease
- Airways disease
- Aspiration
- LVF
- Tumour
- Lung disease

Management

Treat reversible causes:

- Antibiotic, drain pleural effusion, diuretics
- Nebulised saline
- Physiotherapy
- Codeine linctus
- Morphine
- Methadone

Haemoptysis

Bleeding from respiratory tract

- Most episodes are mild to moderate
- If occurs at end stage disease, active management may not be appropriate

If massive haemoptysis is a risk:

- Warn relatives
- Have dark linen available
- Nurse on side
- "Crisis pack" (morphine, midazolam)

Terminal Phase

"…as many patients approaching death with end-stage respiratory disease will have uncontrolled breathlessness, sedation and opioids should not be withheld because of respiratory depression… doses can be titrated to achieve the desired level of sedation."

Oxford Textbook of Palliative Medicine.3rd ed,2003,p.911.

Medications for terminal phase

Discontinue non-essential medication

- Medication prescribed (regular and PRN)
- Morphine, sub-cutaneous if appropriate
- Haloperidol
- Clonazepam drops or Midazolam for agitation
- Hyoscine or glycopyrrolate

Conclusion

A comprehensive plan of care including assessment, appropriate medication treatment along with non-pharmacological interventions to reduce psychological distress, can help manage symptoms and reduce anxiety.

References

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