

MANAGING SHORTNESS OF BREATH

What is shortness of breath (dyspnea)?

- A personal experience for each individual
- An uncomfortable feeling of having difficulty breathing
- Can be described as not getting enough air (a feeling that you cannot catch your breath, like the room is closing in or that there is not enough air in the room)

When should I seek advice about my shortness of breath?

- When it stops you from doing what you want to do
- When it causes you or your family fear, anxiety, nervousness or restlessness
- When it causes bluish discoloration of your face, ears, nose, fingers, or toes

What can be done?

The good news is that there is much you, your caregiver and the hospice and palliative care team can do for shortness of breath.

The team will always try to find out the cause and discuss treatment options with you and your family. Things that may be helpful:

- Sit in a chair or recliner
- Elevate your head on pillows when lying in bed
- Sit with your hands on your knees or on the side of the bed leaning over the bedside table
- Practice pursed lip breathing technique. Take slow, deep breaths, breathing in (inhale) through nose and then breathe out (exhale) slowly and gently through pursed lips (lips that are “puckered” as if you were going to whistle)

- Increase air movement by opening a window, using a fan or an air conditioner. Apply a cool cloth to your head or neck
- Use oxygen if ordered
- Take medication as directed by your doctor
- Keep your environment quiet to decrease feelings of anxiety
- Use relaxing activities such as prayer, meditation, calming music, and massage
- Notify the team if your shortness of breath is not relieved or gets worse

Other HPNA Patient/Family Teaching Sheets are available at www.hpna.org.

Reference

Berry P. Management of other symptoms at the end of life. *Hospice and Palliative Nursing Assistant Core Curriculum*. Pittsburgh, PA: The Hospice and Palliative Nurses Association; 2009:24-25.

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