

# Managing symptoms – Early management of intractable breathlessness

The following guidance provides first line management alongside alternative medications and routes of administration for patients with life limiting conditions. For management of breathlessness towards the end of life, please see MD166 End of Life Management of Breathlessness and Cough in the Kirkwood Toolkit.

## Non-pharmacological management

### Positioning

There are various positions depending on the capabilities of the patient. Some examples are as follows:



### Handheld fans

When aimed at the lower 2/3 of the face, can reduce the sensation of breathlessness.

Concerns have previously been raised about the use of fans for management of fever symptoms and breathlessness during the COVID-19 pandemic.

The Health and Safety Executive (HSE) has produced guidance on ventilation and the use of air conditioning and fans during the pandemic. This guidance advised that fans may improve air circulation and the risk of transmission is extremely low **provided that there is good ventilation** (with outside air) in the area it is being used.

The full guidance is accessible via the links on the following webpage:

<https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm>

### Other measures

- Breathing/Relaxation techniques.
- Reducing room temperature.
- Cooling the face with a cold flannel

## Pharmacological management

### First line: STRONG OPIOID

- If opioid naïve with eGFR >40: Morphine sulphate immediate release (e.g. Oramorph) 2.5-5mg PO PRN
- If opioid naïve with eGFR <40: Oxycodone immediate release (e.g. Oxynorm) 1.25-2.5mg PO PRN
- If PRN doses are effective and frequent daily use, consider a modified release preparation twice daily

### Second line: LORAZEPAM SUBLINGUALLY

- PRN dose: 0.5mg SL
- Maximum dose 4mg/24hrs
- Available formulations: Tablets
- If patient wanting to mitigate unwanted CNS effects, can advise patient to remove tablet as breathlessness eases

### Third Line: DIAZEPAM ORALLY

- PRN Dose: 2-5mg PO
- Maximum dose: TDS, caution as longer acting than Lorazepam
- Available formulations: Tablets, Oral Solution

### Alternative options if above not available: (please refer to BNF)

- Sevredol Tablets (IR morphine sulphate)
- Concentrated Morphine/Oxycodone solutions (caution needed)
- Buprenorphine Transdermal Patches (see toolkit opioid switching guidance)

References: Association of Palliative Medicine guidance - COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care, March 2020