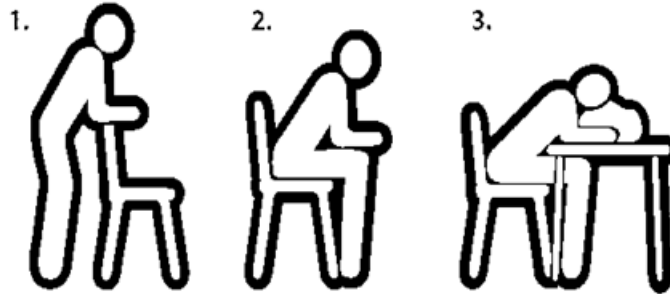


# FACTSHEET: BREATHLESSNESS & COUGH

The following guidance is for management of intractable breathlessness in patients with life-limiting illnesses, depending on cause and stage of life.

## 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, a fan can reduce the sensation of breathlessness

**Breathlessness management techniques** – e.g. TV breathing, square breathing

**Reducing room temperature** and/or cooling the face with a cold flannel

## PHARMACOLOGICAL MANAGEMENT - EARLY

For those who are earlier in their illness, able to manage oral or liquid medications, and not in terminal phase.

### First line: STRONG OPIOID

- If opioid naïve with eGFR >40: Morphine sulphate immediate release 10mg/5ml oral solution (e.g. Oramorph). Initial dose: 2.5-5mg PO PRN
- If opioid naïve with eGFR <40: Oxycodone immediate release 5mg/5ml oral solution (e.g. Oxynorm). Initial dose: 1.25-2.5mg PO PRN
- If PRN doses are effective and frequent daily use, consider a modified release preparation twice daily (up to a maximum of 30mg BD, at which point second line therapy should be considered)

There are tablet/capsule alternatives to immediate release oral solutions, but a fixed PRN dose is required

### Second line: BENZODIAZEPINE

- **Sublingual lorazepam** PRN. Dose: 0.5mg SL (maximum 4mg/24hrs). Available as 1mg tablets. Can advise patients to remove from sublingual space if breathlessness eases, to reduce CNS side effects.
- **Oral diazepam**. PRN Dose: 2-5mg PO (maximum TDS). Caution as is longer acting than Lorazepam. Available as tablets (2mg or 5mg) or oral solution (2mg/5ml)

## PHARMACOLOGICAL MANAGEMENT – END OF LIFE

This guidance provides first line management for patients symptomatic of breathlessness  
**in the last days of life**

### **First line: STRONG OPIOID (SC)**

- If opioid naïve with normal renal function: morphine sulphate 2.5-5mg SC PRN. Starting dose via syringe driver 5-10mg/24hrs
- If opioid naïve with eGFR <40: oxycodone 1.25-2.5mg SC PRN. Starting dose via syringe driver 5-10mg/24hrs
- If taking regular oral opioid: convert to appropriate syringe driver and PRN doses (see MD62 Opioid conversion chart in the toolkit)

### **Second line: MIDAZOLAM (SC)**

- PRN dose: 2.5-5mg SC
- Initial syringe driver dose 10-15mg/24hrs
- Maximum dose 100mg/24hrs
- Available formulations 10mg/2ml (2ml amps), 1mg/ml (2ml & 5ml amps)

**ALTERNATIVES – We would advise that the following options should only be used when standard treatments are not available and following specialist advice**

#### **If SC midazolam unavailable: BUCCAL MIDAZOLAM**

- PRN dose: 2.5-5mg buccal dose
- Available formulations: oromucosal solution (5mg/ml) pre-filled syringes – 2.5mg, 5mg, 7.5mg and 10mg

#### **If other options unavailable: RECTAL DIAZEPAM**

- Starting dose 2-5mg OD
- Maximum dose 30mg/24hrs **in 3 divided doses**
- Available as 1.25ml or 2.5ml tubes at strength of 2mg/ml

## **FOR FURTHER ADVICE**

**Please contact The Kirkwood 24 hour advice line on 01484 557910**