COVID- 19 (novel coronavirus)
End of Life Care Information for Aged Residential Care

DYSPNOEA

The sensation of dyspnoea can be frightening and the words used to describe this subjective feeling such as breathlessness, suffocation, drowning and smothering can add to the anxiety of the person and their family and whānau. Dyspnoea may also be described as laboured breathing or air hunger.

Dyspnoea is a subjective symptom that does not always fit with the physical signs. Studies have shown that what onlookers see as distressing, e.g. laboured and rapid breathing, may not be distressing for the person.

The principles of care for residents with dyspnoea in the event of COVID-19 are similar to those with dyspnoea at the end of life with chronic illness. However, dyspnoea from COVID-19 *are likely to be more rapid and more acute*. Infection control measures including Personal Protection Gear (PPG) will be required to prevent the risk of transmission to others.

Individualised Assessment

- Assess for symptoms such as cough, dyspnoea, increased respiratory secretions, wheeze
- Complete physical examination including a respiratory assessment:

  ✓Listen to breath sounds; including
  ✓quality and rate of inspiration and expiration
  ✓Assess for anxiety related to dyspnoea
- Assess for infection - if appropriate reverse the reversible (in COVID-19 virus this is unlikely to be reversible as it is an acute, severe and rapidly deteriorating condition)

Non-Pharmacological Management of Dyspnoea at End of Life

- Provide reassurance, Encourage a calm environment
- Nurse in semi upright position, and side to side, as this will increase postural drainage of respiratory secretions
- Excellent mouth and lip care and encourage family and whānau to be involved (lubricating mouth gels, cleaning teeth, oral swabs and lip balm)
- Use of fan or nebuliser is not recommended as this will increase risk of droplet dispersal.
- Non-restrictive clothing and light bedding
- Cool flannel and open window if door closed

Pharmacological Management of Dyspnoea at the End of Life

- O_2 may be appropriate if resident hypoxic – primary care provider will advise
- Opioids help relieve acute respiratory distress and may help with cough
- Midazolam may reduce the anxiety associated with breathlessness – use subcutaneous route for acute severe dyspnoea
- Administer opioid and anxiolytic prn sub cut if necessary
- Provide opioids and anxiolytics via syringe driver if available/appropriate

Please contact Arohanui Hospice for advice required to support residents at the end of life with COVID-19. Advice may include how to manage dyspnoea at EOL with use of prn (if a syringe driver is not available)