
Assisting Patients who are Short of Breath

Shortness of breath or shortness of air is called dyspnea. This is a common symptom in patients with advanced disease. Dyspnea is similar to pain in that we cannot see or measure how short of breath the patient is feeling. We must listen to the patient when he/she tells us he/she is 'short of breath.' Counting respirations or using a pulse oximetry cannot tell us if the person is feeling 'short of breath.' Ask the patient how he/she feels, listen to the patient and report what the patient says to the nurse. Stay with the patient and reassure using a calm voice.

Signs and symptoms

- Usually looks stressed, anxious, and frightened.
- Breathing fast, sometimes shallow or almost puffing.
- Feeling "winded" or unable to speak in full sentences.
- Sitting with hands on knees, or on the side of the bed, leaning over bedside table.
- Using neck, shoulder, chest and abdominal muscles to breathe.
- Lips and nail beds may be bluish in color and extremities may be cool and/or mottled.

What you can do for the patient

- Positioning is important. Many patients find that sitting up and leaning forward over a table or leaning forward with hands on knees helps him/her breathe easier. Listen to the patient if they tell you what helps.
- Pursed lip breathing helps slow down the rate of breathing.
- Have the patient sit near a window, or have a fan blow gently across his/her cheek so they feel like they are getting "more air."
- Teach relaxation techniques to help patients calm down.
- Your own attitude has an effect on the patient and family, so remain calm, friendly, empathetic, and provide support and information.
- Do not leave the patient alone when he/she is experiencing shortness of breath. Assure the patients safety as they may have weakness.
- If the patient is blue (gray or dusky) in the face, cannot speak more than 2 words between breaths, gets confused, dizzy, weak, or starts wheezing, contact the nurse.
- If the patient is on oxygen, ensure equipment is connected, working properly, and that oxygen safety has been reviewed. Never increase the oxygen unless the nurse has taught you how and only if the nurse tells you to increase it and by how much.
- Just providing oxygen often will not relieve shortness of breath.

How you can support the family

- Help the family plan activities and social interactions so the patient has time to rest between activities.
- Teach the family relaxation techniques, so they too can be calm.
- Instruct the family not to leave the patient alone when he/she is experiencing shortness of breath. Instruct the family to call the nurse if the patient is experiencing shortness of breath.

- Teach the family techniques to help the patient such as positioning, pursed lip breathing, and relaxation.
- Discuss with the interdisciplinary team if there are any complementary therapies that may help the patient.

Other HPNA Teaching Sheets on are available at www.HPNA.org

References

Core Curriculum for the Generalist Hospice and Palliative Nurse. Dubuque, IA: Kendall/Hunt Publishing Company; 2010.

Dudgeon D. Dyspnea, Death Rattle, and Cough. In Ferrell B, Coyle N. (Eds.). *Textbook of Palliative Nursing*. 3rd ed. New York, NY: Oxford University Press; 2010, p. 303-319.

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