

Management of breathlessness COVID-19 Outbreak

Breathlessness is the subjective sensation of discomfort with breathing and is a common cause of major suffering in people with acute, advanced and terminal disease. Treatment of underlying causes of dyspnoea should be considered and optimised where possible. Both COVID-19 and non-COVID-19 conditions (advanced lung cancer, lymphangitis carcinomatosa, SVCO, etc) **may** cause severe breathlessness / distress toward end of life.

Reversible causes

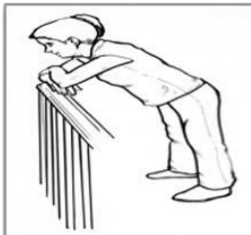
- both COVID-19 and non-COVID-19 conditions (advanced lung cancer, SVCO, lymphangitis carcinomatosa, , etc) **may** cause severe distress / breathlessness toward end of life
- check blood oxygen levels

Non-pharmacological measures

- positioning (various advice depending on position: sit upright, legs uncrossed, let shoulders droop, keep head up; lean forward)
- relaxation techniques
- reduce room temperature
- cooling the face by using a cool flannel or cloth
- portable fans used in clinical areas have been linked to cross infection in health and social care facilities, although there is no strong evidence yet
- portable fans are not recommended for use during outbreaks of infection or when a patient is known or suspected to have an infectious agent

Pharmacological measures

- humidified oxygen (no evidence of benefit in the absence of hypoxaemia)
- opioids may reduce the perception of breathlessness
 - morphine modified release 5mg bd (titrate up to maximum 30mg daily)
 - morphine 2.5-5mg PO prn (1-2mg SC if unable to swallow)
 - midazolam 2.5-5mg SC prn for associated agitation or distress
- anxiolytics for anxiety
 - lorazepam 0.5mg SL prn
- in the last days of life
 - morphine 2.5-5mg SC prn
 - midazolam 2.5mg SC prn
 - consider morphine 10mg and / or midazolam 10mg over 24 hours via syringe driver, increasing to morphine 30mg / midazolam 60mg step-wise as required



Forward lean 1



Forward lean 2



Adapted forward lean for lying



Adapted forward lean for sitting