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.

Pharmacological treatment

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 SUBLINGUAL
- 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)
- Buprenorphine Transdermal Patches (see toolkit opioid switching guidance)

Non-pharmacological treatment

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

1. 
2. 
3. 

Handheld fans
- CAUTION: Fans must not be used if the patient is suspected or confirmed to have COVID-19
- When aimed at the lower 2/3 of the face, can reduce the sensation of breathlessness

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

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