

# PRIMARY CARE 10 TOP TIPS

## Managing complex symptoms – Breathlessness

**This edition:** August/2018

**Next planned review:** August/2020

We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check any drug doses, side-effects and interactions. Save insofar as any such liability cannot be excluded at law, we do not accept any liability in relation to the use of or reliance on any information contained in these pages, or third-party information or websites referred to in them.

Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. MAC14531\_Haematuria

- 1** Any new or worsening breathlessness should be fully assessed for potentially reversible causes. Always consider the impact on the patient, relatives and carers.
- 2** Remember that anxiety can lead to breathlessness and breathlessness can lead to anxiety.
- 3** Treat reversible causes where appropriate. If the patient is in the final hours of life then treating the symptoms and not the cause may be appropriate.
- 4** Devise a management plan with the patient and carer, ensuring that it is reviewed regularly.
- 5** Share the management plan with colleagues including the 'out-of-hours' team.
- 6** Oxygen only helps hypoxic patients. Check saturations with a finger-tip monitor at rest and, if appropriate, on exertion. Patients with oxygen saturations above 94% will not benefit from oxygen no matter how breathless they feel.
- 7** For non-hypoxic patients, reassurance and an appropriately positioned fan (straight onto the face so as to provide airflow) is as effective or more effective than oxygen.
- 8** Short acting and low dose opiates are often effective (2.5–5 mg morphine).
- 9** Breakthrough pain opiate doses should be calculated and taken separately from breathlessness opiate doses. You may need to provide written instructions to patients and carers to aid understanding.
- 10** If in doubt, talk to the specialist palliative care team and/or consult local breathlessness resources/teams.

**MACMILLAN  
CANCER SUPPORT**