Breathing Plan

Chris Keogh: Specialist Palliative Care Nurse
Learning Objectives

* Understand the project proposal and the best practice data available to assist in the development of the breathing plan
* Identify the non-pharmacological and pharmacological management strategies for the symptom of dyspnoea for use in the breathing plan
* Recognise the timely initiation of the breathing plan to effectively manage the symptom of dyspnoea
Definitions:

‘...a subjective experience of breathing discomfort that consists of qualitatively distinct sensations that vary in intensity’

“He’s complaining of chest pain, shortness of breath, cramps and dizziness. Do you sell earplugs?”
Project Proposal

Identify a need

- Literature review
- Audit of dyspnoea as a care plan issue
- Audit of after-hours phone calls
Dyspnoea:  
* Common symptom  
* Not well understood  
* Poorly managed

Best Evidence Base

Strategies:  
* Pharmacological  
* Non pharmacological
Action Plan

- Self management tool
- Self manage exacerbations
- Instigate/prompt
- Improve patient wellbeing/activity
- Reduce carer anxiety and burden

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green zone</td>
<td>Breathing is good</td>
</tr>
<tr>
<td>Yellow zone</td>
<td>Caution</td>
</tr>
<tr>
<td>Red zone</td>
<td>Get help</td>
</tr>
</tbody>
</table>

**Green zone (You're doing well):**
- Breathing is good
- No cough or wheezing
- Sleep well
- Can go to school/activity

**Yellow zone (Caution):**
- First signs of a cold
- Cough
- Mild wheezing
- Tight cough
- Coughing, wheezing, or trouble breathing at night

**Red zone (Get help):**
- Breathing is not helping
- Breathing is difficult
- Breathing is fast
- Breathing is labored

**Follow up with your doctor:**
- Bronchodilators
- Inhalers
- Medications
- Other

**Follow up visit:**
- Please bring all your medicines with you.

This is a tool we use for asthma that will be given to your child who has asthma.

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**Asthma Action Plan**

Name: ____________________________
DOB: ____________________________
Date: ____________________________
Provider: ____________________________

<table>
<thead>
<tr>
<th>Green zone</th>
<th>Yellow zone (medications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Regular _______ inhaler each day</td>
<td></td>
</tr>
<tr>
<td>2) Fluticasone _______. puffs every day</td>
<td></td>
</tr>
<tr>
<td>3) Nebulizer _______. nebulized every day</td>
<td></td>
</tr>
<tr>
<td>4) Albuterol _______. puffs every day</td>
<td></td>
</tr>
<tr>
<td>5) No oral medicine is needed</td>
<td></td>
</tr>
</tbody>
</table>

If asthma occurs with exercise give Albuterol 2 puffs with spacer for younger kids or 2 puffs with spacer for older children/adolescent 10-15 minutes before exercise.

(Continue Green Zone medications)

- Albuterol 2 puffs with spacer for younger kids or spacer for older children/adolescent every 4 hours as needed for wheezing, chest tightness or persistent cough
- Albuterol Nebulizer Solution nebulize 1 valve every 4 hours as needed for wheezing, chest tightness or persistent cough
- Increase Fluticasone _______. puffs a day every 1 or 2 days
- Increase Fluticasone _______. nebulized twice a day every 1 or 2 days

Cell phone: ______. If you need to use Albuterol every 4 hours for longer than 24 hours, or using Albuterol for longer than 4 days in a row, or 2 times/wk then continue.

**Red zone (Get help):**
-bronchodilators
- 1 unit of nebulizer solution nebulize 1 unit immediately followed by another unit immediately after the first unit is done.

Call the office immediately. If after hours, ask the doctor who is on call to page the home.

Call 911 if your child is having extreme difficulty breathing.

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An audit process was undertaken:

- To determine the number of clients currently registered with the palliative care service that presented at time of assessment with dyspnoea/breathlessness as a care plan issue

- Calculate the percentage of palliative care clients that had contacted the after-hours phone service in the last 6 months with an exacerbation of breathlessness as the primary reason for contact
No clients: indicated breathlessness as a care plan issue
<table>
<thead>
<tr>
<th>Nurses undertaking assessments</th>
<th>Number of Clients seen</th>
<th>Number of clients that have indicated breathlessness as a care plan issue</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>51</td>
<td>30</td>
<td>58.8</td>
</tr>
<tr>
<td>2</td>
<td>54</td>
<td>27</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>43</td>
<td>19</td>
<td>44.1</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>168</td>
<td>91</td>
<td><strong>54.1%</strong></td>
</tr>
</tbody>
</table>
# Audit: After Hours Call Outs

<table>
<thead>
<tr>
<th>Month</th>
<th>Total number of after-hours calls</th>
<th>Number of calls primary reason for breathlessness</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>56</td>
<td>6</td>
<td>10.7</td>
</tr>
<tr>
<td>October</td>
<td>47</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>November</td>
<td>55</td>
<td>3</td>
<td>5.4</td>
</tr>
<tr>
<td>December</td>
<td>54</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>January</td>
<td>62</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>February</td>
<td>60</td>
<td>7</td>
<td>11.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>334</strong></td>
<td><strong>23</strong></td>
<td><strong>6.8%</strong></td>
</tr>
</tbody>
</table>
Development of Breathing plan

Non pharmacological
- Fan to face
- Positioning
- Distraction
- Breathing techniques

Pharmacological
- Opioids
  - Strongest evidence
- Benzodiazepines
  - Helpful adjunct
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHEN WELL</strong>&lt;br&gt; No symptoms</td>
<td><strong>Exercise as tolerated</strong>&lt;br&gt; <strong>Space activities and rest between</strong>&lt;br&gt; Continue with Preventer………………………………&lt;br&gt; and bronchodilator inhaler……………………………&lt;br&gt; medication if prescribed</td>
</tr>
<tr>
<td><strong>CAUTION</strong>&lt;br&gt; If you experience&lt;br&gt; Cough&lt;br&gt; Breathlessness&lt;br&gt; Pain</td>
<td><strong>STEP UP TREATMENT</strong>&lt;br&gt; 1. <strong>Position</strong>&lt;br&gt; <img src="image1.png" alt="Position Illustration" />&lt;br&gt; <em>Stand and lean hands onto wall or table or sit leaning forward with arms resting on knees or over the table on a pillow</em>&lt;br&gt; 2. <strong>Try to focus on an object/pet</strong>&lt;br&gt; 3. <strong>Use a fan</strong> on face or stand in front of an open window&lt;br&gt; 4. <strong>Remain calm</strong>: Take slow relaxed <strong>breaths in</strong>&lt;br&gt; breath out with pursed lips&lt;br&gt; Continue to Use inhaler medication if prescribed&lt;br&gt; 5. <strong>Take</strong> ……………………………………….&lt;br&gt; as prescribed <em>(opioid)</em></td>
</tr>
<tr>
<td><strong>EXTRA CAUTION</strong>&lt;br&gt; If NO improvement at anytime with the above treatment then ...</td>
<td><strong>WAIT 10 MINUTES</strong>&lt;br&gt; Continue with slow relaxed breaths/focus&lt;br&gt; 1. <strong>Repeat dose</strong> ………………………………………as prescribed <em>(opioid)</em>&lt;br&gt; 2. <strong>If Anxious</strong>: Take ………………………………………as prescribed <em>(anti – anxiolytic)</em>&lt;br&gt; <strong>IF NO IMPROVEMENT WITHIN 10 - 15 MINUTES</strong>&lt;br&gt; Call RDNS 1300 33 44 55</td>
</tr>
<tr>
<td><strong>DANGER</strong>&lt;br&gt; <strong>GET HELP WHEN</strong>&lt;br&gt; Severe Shortness of Breath&lt;br&gt; Reliever medicine is not helping&lt;br&gt; Can only speak in short sentence&lt;br&gt; Feeling frightened</td>
<td><strong>IF UNABLE TO CONTACT SERVICES DO NOT WAIT</strong>&lt;br&gt; <strong>CALL 000 FOR AN AMBULANCE</strong></td>
</tr>
</tbody>
</table>
Where to from here?

Trial of the breathing plan: 6 month period
- All breathing plans instigated to be indicated in care plan for breathlessness

Evaluation of the project:
- Audit care plans and number using breathing plan
- Audit after hours calls with primary reason nominating breathlessness
- Distribute client and carer satisfaction surveys re use of breathing plan
- Final report to completed
Dyspnoea
  Debilitating symptom ->
  quality of life

Breathing Plan:
  Optimally manage
  Visual aid
  Multiple strategies
  Individualised
Any questions?
References


References cont ...


Nguyen, H. Q., D. Donesky, et
References cont ...


