Palliative Care 101: Dyspnea

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Objectives

- Palliative & Hospice care role
- Dyspnea management
- References

Case

- 75 yo gentleman
  - COPD on 4L NC – homebound and tethered to his tubing
  - SOB worsens with any activity
  - Coughing spells - difficult to breathe/feels anxious
  - 3 hospitalizations in past year - COPD exacerbations
  - ED - sent home on a short course of steroids
  - Feels better now but notes the coughing/SOB can happen anytime
- Referred to palliative care for GOC, EOL, anticipatory guidance
- Patient was seen in his home with home-based RN and his wife

PMH

- Chronic obstructive lung disease
- Hypertension
- Hyperlipidemia
- Chronic PTSD
- Insomnia
- Recurrent major depressive episodes
- Elevated PSA
- Tinnitus
- Vitamin D Deficiency
- CAD, nonobstructive

Medications

- FLUTICAS 250/SALMETEROL 50 q12hrs
- LEVALBUTEROL 45MCG 200D 2 PUFFs Q 2-4 HOURS
- LEVALBUTEROL HCL 0.21MG/ML INHL SOLN 3ML NEBULIZER Q4 HRS PRN
- METHYLPREDNISOLONE 4MG TAB DOSEPAK available for use when needed
- AZITHROMYCIN 250MG TAB **(Z-PAK)** available for use when needed
- TIOTROPIUM RESPIMAT 2.5MCG 2 PUFFS QD
- AMLODIPINE 5MG TAB QD
- LISINOPRIL 40MG QD
- CHOLECALCIF 50MCG QD
- CYANOCOBALAMIN 1000MCG QD
- FINASTERIDE 5MG TAB QD
- MIRTAZAPINE 15MG TAB QHS
- PRAZOSIN HCL 5MG CAP TWO QHS
- SERTRALINE HCL 100MG TAB TWO QD
- SIMVASTATIN 20MG TAB QD
- ACETAMINOPHEN 500MG TAB 500MG PRN
- ASPIRIN 81MG QD

Patient Caregiving Needs

- His bed is on the first floor, with bathroom and dining room within reach of the O2 tubing
- His wife sleeps on the upper floor
- Has his computer nearby, guitar nearby and able to stay connected with family and friends over the computer
- His wife prepares meals and attends to the household chores

SOCIAL HISTORY

- Married 53 years.
- 6 grown children and many grandchildren
- Describes his family as very loving, caring and engaged in his life; family is everything to him and his wife
- Tobacco: smoked 1ppd from age 15-70. Quit 5 years ago
- Alcohol: Has a glass of wine annually for his anniversary
- Recreational Drugs: None

REVIEW OF SYMPTOMS

- Pain = 0
- Dyspnea, severe - with coughing and exertion, associated with anxiety when he's unable to breathe
- Constipation, none - has bms that range from loose to formed usually once a day after his once-daily main meal
- Anorexia, none
- Nausea or vomiting, none
- Insomnia, none - sleeps well throughout the night

PALLIATIVE PERFORMANCE SCALE

- Ambulation: Reduced
- Activity & Evidence of disease: Unable to do most activity. Extensive disease.
- Self-care: Mainly assistance
- Intake: Normal or reduced
- Conscious Level: Full or Drowsy +/- Confusion

- Palliative Performance Scale Score = 40%

PE

- 98.2(36.8) 88 22 137/78
- General: male, nad, very pleasant, thin
- Head/Neck: nc/nt, wearing nasal cannula
- Heart: distant heart sounds, no murmurs appreciated
- Lungs: significantly diminished throughout with faint, end-expiratory wheeze
- Extremities/Musculoskeletal: trace pitting edema b/l ankles
- Neuro: A&Ox3, no focal deficits

Plan

- Start low dose prn morphine for dyspnea

2 Months Later

- HAS NOT STARTED THE MORPHINE
- Pulmonologist supports its use but the patient is worried it will suppress his cough which he finds beneficial to his breathing
- Agrees to take it at bedtime, when he reliably gets a coughing spell
- Prescribed the bowel meds and he agrees to take it too
- Has Naloxone and understands its purpose; wife knows how to use it

1 Month Later

- Continues to require 4L NC and taking morphine without difficulty
- Breathing is less labored
- He has been having intermittent nausea
- On further questioning he notes that he his last BM was 6 days ago

Four Months Later

- Now bedbound
- On hospice
- PO intake is limited to soup and protein drinks
- Breathing more labored
- Dose and frequency of morphine increased but his breathing remains labored
- Next steps?
- Added Ativan with significant improvement

Three Weeks Later

- No longer responsive
- Unable to safely take medications PO
- Had previously shared the wish to remain in his home through the end of his life. His wife is committed to honoring this wish.
- Next steps?

References

- Palliative Care Fast Facts and Concept - https://www.mypcnow.org/fast-facts/ #141, #376, #427
- Kamal AH, Maguire JM, Wheeler JL, Currow DC, Abernethy AP. Dyspnea review for the palliative care professional: assessment, burdens, and etiologies. J Palliat Med. 2011 Oct;14(10):1167-72. doi: 10.1089/jpm.2011.0109. Epub 2011 Sep 6. PMID: 21895451; PMCID: PMC3189385. https://pubmed.ncbi.nlm.nih.gov/21895451/
- Kamal AH, Maguire JM, Wheeler JL, Currow DC, Abernethy AP. Dyspnea review for the palliative care professional: treatment goals and therapeutic options. J Palliat Med. 2012 Jan;15(1):106-14. doi: 10.1089/jpm.2011.0110. PMID: 22268406; PMCID: PMC3304253. https://pubmed.ncbi.nlm.nih.gov/22268406/