

# RESPIRATORY CARE GUIDE

## Shortness of Breath (SOB) also known as Dyspnoea

### Shortness of breath?

YES

**ASSESS AND RECORD THE FOLLOWING:**

- ❖ Set of readings: temp, resp rate, heart rate, BP.
- ❖ Lung sounds: crackles, rhonchi (wheeze heard via stethoscope) – record where it is heard on the chest.
- ❖ Oxygen saturation – pulse Oximeter (if available).
- ❖ Note change in mental status – delirium? (see CAM assessment pg12). physical & functional status changes (consider ADL assessment).
- ❖ Cough - productive or non-productive, difficult to expectorate?
- ❖ Sputum - amount and colour? (yellow, green, red, pus)
- ❖ Is there a diagnosis of COPD, CHF or Diabetes? Refer to lung sound basics – next page.
- ❖ Little or no relief from short acting bronchodilators (Ventolin, Briconyl)
- ❖ Pain on breathing.

**Monitor observations  
6 hourly and review**

ASSESS FOR

**ARE 2 OR MORE OF THE FOLLOWING SYMPTOMS PRESENT?**

- ❖ New or worsening cough.
- ❖ Increased or newly purulent sputum, unable to expectorate?
- ❖ New crackles or wheezes heard on chest exam.
- ❖ Decline in cognitive (see CAM pg 12), physical or functional status.
- ❖ New agitation.
- ❖ Fever or hypothermia – ↑↓ from baseline.
- ❖ Dyspnoea (difficulty in breathing, SOB).
- ❖ Tachypnoea (respirations >30/min, or 10/min over baseline).
- ❖ Chest pain (pleuritic – worse with breathing?).
- ❖ New or worsening hypoxaemia (pulse oximetry – O2 sat <90%).
- ❖ Systolic BP<20 mmHg from baseline.

**If unarousable call ambulance and GP**

YES

NO

Contact GP with new onset of symptoms

Initiate palliative measure for shortness of breath and / or anxiety

**Is this a worsening of an existing respiratory condition?**

YES

*Is there an individualised care plan?*

YES

**Implement care plan**

NO

Review with GP and Nurse Leader and establish or revise individualised care plan

**Preventative care:**

- ❖ See immunisation guidelines.
- ❖ Review advanced care plan.

**If hospital admission is recommended do the following:**

- ❖ Copy advanced directives and care plans.
- ❖ Discuss with family / EPOA.
- ❖ Copy medications, medical history and recent nursing and medical assessment and recent labs.

### RECOMMENDED IMMUNISATION GUIDELINES

1. Residents vaccinated against Streptococcus pneumoniae at admission unless there is documentation of vaccination within 5 years preceding admission.
2. Residents vaccinated against influenza by March of each year. Residents admitted between March and June should be vaccinated if not already immunized for the current influenza season.
3. All residential aged care employees should be vaccinated against influenza by March of each year.

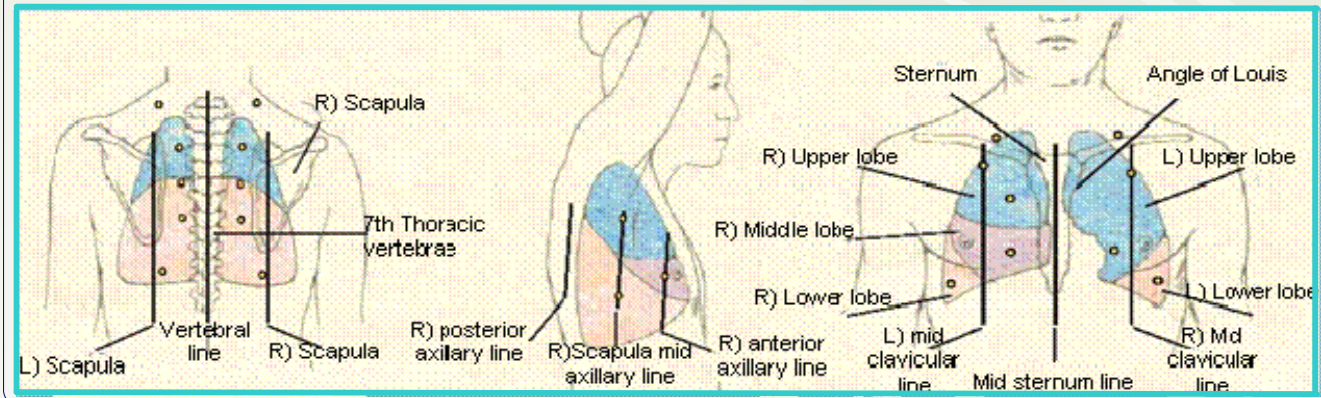
### PALLIATIVE CARE RESPIRATORY GUIDELINES

- ❖ Psychosocial support – taking time to provide reassurance and a calm presence for the resident and family is important and helps reduce anxiety which reduces dyspnoea.
- ❖ Breathing control and learned coping strategies help:
  - \* comprehensive assessment of resident strategies to proactively assist breathlessness
  - \* individual resident care plans are important
- ❖ Decrease the resident's need for exertion during exacerbations.
- ❖ Sit up supported by pillows.
- ❖ Having a cool fan blow on the resident's face.
- ❖ Physiotherapy for pulmonary rehabilitation is helpful.
- ❖ Oral sustained Lorazepam or low doses of morphine can help dyspnoea but there is no evidence to support the use of nebulised opioids.
- ❖ Oxygen should only be used under the direct supervision of a prescribing health care provider.
- ❖ Oral care – mouth breather.

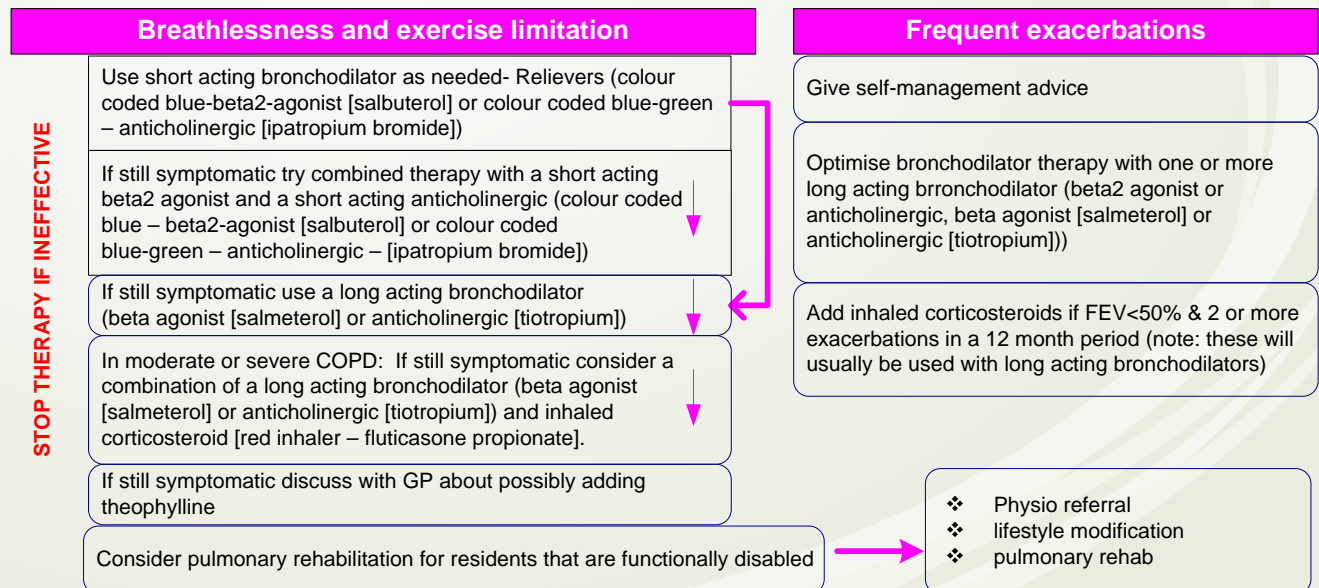
### LUNG SOUND BASICS

**Crackles:** (Rales) are fine rattling sounds. These are non continuous, high pitched, fine crackles, like the sound of carbonated beverages. These sounds are usually caused by the presence of fluid in the alveoli and the bronchioles. (Bates 2007)

**Wheezes:** Wheezes are musical sounds like the high pitched notes on a clarinet. Wheezes are produced by constricted or partially obstructed airways. (Bates 2007)



### NICE COPD GUIDELINES



**PLEASE BE AWARE:** Hearing lung sounds is difficult in the frail aged due to reduced lung capacity. O2 sat technology limited in residential facilities – competency required. Advanced care plan initiatives need forward planning.