

## Dyspnoea

Dyspnoea (which means shortness of breath or breathlessness) is an awareness of uncomfortable breathing. It is a common problem experienced by residents as they approach the end of their lives. Breathlessness is experienced differently by everyone and, for some residents, fear and anxiety about not being able to breathe can make it worse.

### Key messages

- Each resident will experience breathlessness differently; so if a resident says they are short of breath, then they are.
- Breathlessness is often under reported by staff.
- Try to prevent the onset, or reduce the impact, of the anxiety and distress of breathlessness.

### What can you do?

Careworkers are often the first to notice that a resident seems to be breathless and can play an important role in helping to decrease their feelings of breathlessness. The 'see, say, do, write and review' model is a useful guide that may help you.

#### 'See': recognise and assess

- Notice changes in the resident's breathing patterns – e.g. do they seem breathless? Is it affecting their sleep, mood or ability to talk/walk or do things? Does their breathing seem quicker than usual? Do they have difficulty finishing a sentence?
- Ask the resident to rate how severe their breathlessness is. You can use an assessment tool if used in your facility and if that is part of your role.
- If the resident is not able to communicate, notice how the breathlessness is affecting them.

#### 'Say': report your assessment

- Report the resident's breathlessness to the nursing staff. Be as clear and detailed as possible.

#### 'Do': manage

- Try not to hurry the resident and allow plenty of time for them to rest during activities.
- Reposition the resident – e.g. prop them upright with pillows to open their chest space to allow in more air.
- Increase the movement of air around the resident – e.g. set up a bedside fan to circulate air, open their room door/window (weather permitting).
- Fear and anxiety can increase their breathlessness so try to reassure and calm the resident.

#### 'Write': document your actions

- Write detailed notes in the resident's assessment chart/clinical record, if that is part of your role.

#### 'Review': evaluate and reassess as necessary

- Review your actions. Did they help? If 'yes', keep doing them regularly. If 'no', tell the nursing staff.

### Why it works

- Supports the best possible care by helping to keep the resident comfortable.

### Related pages

[Clinical Care Domains](#) – clicking here will open a printable version of a flipchart that gives an introduction to dyspnoea (see pages 25-42).

[See, Say, Do, Write and Review: Five Key Actions for Careworkers to Support Residents](#) – clicking here will take you to a video (13 minutes) that demonstrates the 'see, say, do, write and review' model.

[Self-Directed Learning Package \[Careworker\]](#) – clicking here will open a printable version of the package that provides information on dyspnoea and providing care within the careworker's scope of practice (see pages 125-8).

[Self-Directed Learning Package for Careworkers](#) – clicking here will take you to an online version of the package.

### Relevant link

Residential Aged Care Palliative Approach Toolkit – [www.caresearch.com.au/PAToolkit](http://www.caresearch.com.au/PAToolkit)

