Assisting Patients who are Short of Breath

Shortness of breath or shortness of air is called dyspnea. This is a common symptom in patients with advanced disease. Dyspnea is similar to pain in that we cannot see or measure how short of breath the patient is feeling. We must listen to the patient when he/she tells us he/she is ‘short of breath.’ Counting respirations or using a pulse oximetry cannot tell us if the person is feeling ‘short of breath.’ Ask the patient how he/she feels, listen to the patient and report what the patient says to the nurse. Stay with the patient and reassure using a calm voice.

Signs and symptoms
- Usually looks stressed, anxious, and frightened.
- Breathing fast, sometimes shallow or almost puffing.
- Feeling “winded” or unable to speak in full sentences.
- Sitting with hands on knees, or on the side of the bed, leaning over bedside table.
- Using neck, shoulder, chest and abdominal muscles to breathe.
- Lips and nail beds may be bluish in color and extremities may be cool and/or mottled.

What you can do for the patient
- Positioning is important. Many patients find that sitting up and leaning forward over a table or leaning forward with hands on knees helps him/her breathe easier. Listen to the patient if they tell you what helps.
- Pursed lip breathing helps slow down the rate of breathing.
- Have the patient sit near a window, or have a fan blow gently across his/her cheek so they feel like they are getting “more air.”
- Teach relaxation techniques to help patients calm down.
- Your own attitude has an effect on the patient and family, so remain calm, friendly, empathetic, and provide support and information.
- Do not leave the patient alone when he/she is experiencing shortness of breath. Assure the patients safety as they may have weakness.
- If the patient is blue (gray or dusky) in the face, cannot speak more than 2 words between breaths, gets confused, dizzy, weak, or starts wheezing, contact the nurse.
- If the patient is on oxygen, ensure equipment is connected, working properly, and that oxygen safety has been reviewed. Never increase the oxygen unless the nurse has taught you how and only if the nurse tells you to increase it and by how much.
- Just providing oxygen often will not relieve shortness of breath.

How you can support the family
- Help the family plan activities and social interactions so the patient has time to rest between activities.
- Teach the family relaxation techniques, so they too can be calm.
- Instruct the family not to leave the patient alone when he/she is experiencing shortness of breath. Instruct the family to call the nurse if the patient is experiencing shortness of breath.
Teach the family techniques to help the patient such as positioning, pursed lip breathing, and relaxation.

Discuss with the interdisciplinary team if there are any complementary therapies that may help the patient.

Other HPNA Teaching Sheets on are available at www.HPNA.org

References


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Managing Fatigue

Feeling tired, weak or exhausted is one of the most common concerns experienced by hospice patients of all ages and their families. Fatigue may be caused by the person’s illness, treatment, medications, emotions, lack of sleep, or poor nutrition. Helping the person cope with their lack of energy can improve their quality of life. Here’s what you can do to help your patients.

**Encourage them to conserve their energy**
- Schedule activities with rest periods – allow for rest periods when bathing or toileting
- Allow others to help gather necessary items like towels, washcloths, clean clothing
- Use assistive device – wheelchair, shower chair, bedside commode
- Prioritize tasks and let others take care of less important things
- Modify their home to bring important objects closer to them
- Plan important activities for their “good time of day”

**Encourage them to plan for adequate relaxation and sleep**
- Take short naps throughout the day, preferably earlier than later in the day. Long naps can interfere with night time sleep
- Listen to enjoyable music or think about fond memories
- Sip warm milk or decaffeinated herbal teas, such as chamomile
- Avoid foods with caffeine like coffee and chocolate before bedtime
- Listen to their bodies and their hearts – do what makes them feel good
- Encourage the patient to feel good about accomplishments
- Encourage pleasant activities that restore energy: listening to music, pet therapy

**Encourage them to seek emotional support**
- Talk about their thoughts and feelings about life
- Focus on the moment and enjoy it – for the gift that it is
- Communicate with family and friends about their needs

Other HPNA Teaching Sheets on are available at [www.HPNA.org](http://www.HPNA.org).

Reference


*Hospice and Palliative Nursing Assistant Core Curriculum,* Pittsburgh, PA: Hospice and Palliative Nurses Association; 2009.


Orig. 10 07, rev 01 09, rev 07 13
Managing Fatigue

What is fatigue?
- Tiredness, exhaustion, or lack of energy not relieved by rest
- A condition which impacts your ability to perform your usual or expected activities
- Seen frequently in hospice and palliative care patients
- A complicated symptom which can have many causes including your disease, your emotional state, and your treatments
- Sometimes comes with depressed feelings

What are the signs of fatigue?
- “Just too tired” to perform your normal activities or routines
- Lack of appetite or not having energy to eat
- Sleepiness
- Not talking
- Depression

What to report to the hospice/palliative care team?
- Any signs listed above
- A ranking of your fatigue using a scale that helps the team know how severe the fatigue is: for example,
  - 0 = no fatigue to 10 = in bed all day
- What makes the fatigue better or worse
- Spiritual, social, or emotional concerns and worries
- Changes in appetite
- Any distressing symptoms that are not controlled such as nausea, pain, bowel problems
- If you have experienced fatigue before and what made it better

What can be done to help fatigue?
*Because fatigue is a complex problem, it takes a group of actions to help your symptoms.* Discuss your fatigue with your healthcare team. The team will work with you and your family to find the causes for the fatigue and discuss treatments best for you.
Things you may do:

- Gradually increase your activity. Do so gradually in order to conserve energy
  - Keep a log of which time of day seems to be your best time
  - Plan, schedule and prioritize activities at optimal times of the day
  - Eliminate or postpone activities that are not your priority
  - Change your position and do not just stay in bed
  - Use sunlight or a light source to cue the body to feel energized
  - Try activities that restore your energy, such as music, or spending time outdoors in nature or meditation
  - Allow caregivers to assist you with daily activities such as eating, moving or bathing if necessary. Plan activities ahead of time
  - Encourage your family to be accepting of your new energy pace

- Rest and sleep better
  - Listen to your body – rest as needed
  - Establish and continue a regular bedtime and awakening
  - Avoid interrupted sleep time and try to get continuous hours of sleep
  - Plan rest times or naps during the day late morning and mid afternoon
  - Avoid sleeping later in the afternoon which could interrupt your night time sleep
  - Ask if using oxygen when you sleep will help you to sleep better

- Increase food intake
  - Try nutritious, high protein food
  - Small frequent meals
  - Add protein supplements to foods or drinks
  - Frequent mouth care (before and after meals)
  - Ask about possible use of medications to stimulate your appetite or relieve fatigue

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference


Approved by the HPNA Education Committee, August 2008, revised by the HPNA Education Services Committee, May 2011

orig. 08 08, rev. 05 11
Prevention of Pressure Ulcers

Pressure ulcers, also called bed sores or decubitus ulcers, can be a big problem in hospitals, nursing homes, and patient homes. Pressure ulcers are areas where the skin has broken down. They can cause pain and very serious infections. Most pressure ulcers result from the lack of mobility. Persons who stay in the bed or a chair are at high risk for pressure ulcers. Other issues that can lead to pressure ulcers are poor nutrition and hydration, age, illness, moisture on the skin for prolonged periods of time, wrinkles in bed sheets or bed clothes, and friction and shearing (this may occur when a person is pulled up in the bed or in the chair and the friction can make the skin irritated, which may cause the skin to break or tear). Some pressure ulcers can be prevented and some cannot.

Pressure ulcer prevention
Prevention is the best treatment to avoid pressure ulcers and pain that may result from them. Monitor pressure points such as the coccyx (tailbone), elbows, knees, heels, head, and buttocks for areas of redness due to restricted blood flow. Monitor nutrition and encourage protein intake when feasible.

- Change the patient’s position at least every two hours if in bed, and at least every one hour if in a chair
- Have patients shift their own weight, if possible, every 15 minutes
- Use a “draw” or “pull” sheet to move the person, avoiding friction from sheets
- Cornstarch may reduce injury due to friction
- Keep patient clean and dry
- Evaluate needs for a mattress overlay and protective devices such as elbow and heel pads

Symptoms
- Reddened or blanched areas on bony prominences, especially on coccyx (tailbone), hips, ankles, backbone, elbows
- Pain or discomfort of a reddened or blanched area

Teach family members to
- Reposition the immobile patient (and provide range of motion exercise) at least every two hours if in bed; and at least every one hour if in a chair
- Get the patient out of bed as tolerated
- Keep the heels off of bed with pillows under calves supporting legs
- Monitor pressure points (during a bath is a good opportunity) and report any changes
- Report pain, burning, numbness, or tingling of the skin to the nurse
- Keep the skin clean and dry by cleansing immediately following soiling and by changing under pads or incontinent briefs as needed
- Use emollients sparingly and only alcohol-free lotions for dry skin
- Use warm water and mild soaps (hot or cold water may be irritating to the skin)
- Encourage the patient to wiggle toes and move arms/legs often
- Notify the nurse if splints, braces, or oxygen tubing are causing irritation
- Use loose fitting, cotton clothing for optimal comfort
- Keep bed linens clean, dry, and without wrinkles
- Inform the nurse of odors associated with wounds

What is Blanched? - skin on a bony area that is white in color. This white color happens because the circulation (blood supply) to the skin area has been cut off
What to avoid

- Prolonged sitting in one position (especially sitting upright, such as sitting on a bedpan)
- Sitting or lying directly on a pressure ulcer
- Massaging or rubbing pressure points or reddened or blanched areas
- Friction
- Heat lamps
- Plastic sheets
- Donut shaped cushions

What to report to the hospice/palliative care team

- Reddened or blanched areas on bony prominences, especially on coccyx (tailbone), hips, ankles, backbone, elbows
- Pain or discomfort of a reddened or blanched area

Goals of skin care

Skin care at the end of life includes keeping the skin clean and intact while helping the patient remain as active as possible. The goals of providing good skin care are to prevent pressure ulcers and to reduce distressing symptoms of discomfort, odor, and drainage. Not only will you protect the immune system’s first line of defense against infection but will also contribute to the patient’s overall quality of life and general well-being.

REMEMBER: Always document observations of the wound and dressings and how the family is following the plan of care. Not everyone has all of the signs and symptoms of pressure ulcers. Any new problems will be evaluated by the hospice/palliative care team and new ways to manage them will be discussed. Due to a variety of reasons, sometimes pressure ulcers cannot be prevented or healed with the best of care. The goal is to keep the patient comfortable.

The nurse can provide additional information about pressure ulcers. Report symptoms so the nurse can plan interventions for the patient’s care.

Other HPNA Teaching Sheets are available at [www.HPNA.org](http://www.HPNA.org)


Approved by the HPNA Education Committee February 2010.
TIPS for Skin Care

Goals of skincare
Skin care at the end of life includes keeping the skin both clean and intact. The goals of providing good skin care are to reduce discomfort, prevent pressure ulcers, manage odor and drainage, and to help the patient remain as active as possible.

How skin care impacts quality of life
A comprehensive plan for skin care by the interdisciplinary team requires attention to the total needs of the patient and family. This plan will include the following:
- Patient's and family’s perception of quality of life
- Psychosocial impact of a wound’s odor and drainage
- Prevention of infection
- Maintaining intact skin
- Clear instructions regarding wound care management

Pressure ulcer prevention
A pressure ulcer (or bedsore) is a breakdown of tissue by unrelieved pressure to the skin. The areas of the body that receive the greatest amount of pressure to the skin are called pressure points: tailbone, elbows, knees, heels, head, and buttocks. The skin begins to break down when blood flow is restricted at these pressure points. Inadequate nutrition, a patient’s inability to feel parts of his/her body, or rubbing against bed linens contribute to the development of pressure ulcers and often begin with areas of redness that do not go away. Pressure ulcers can be painful and difficult to treat. The best treatment is prevention.

What you can do
- Check the skin at each visit, including pressure points and report any changes to the team nurse. Bath time is a good opportunity to observe the skin and pressure points.
- Follow up on the patient’s reports of pain, burning, numbness, or tingling of the skin and report to the team nurse.
- Keep the skin clean and dry by changing absorbing pads frequently.
- Use mild soaps and emollients sparingly.
- Avoid using hot or cold water on the skin.
- Do not allow the patient to sit or lie directly on a pressure ulcer.
- To help promote circulation, have the patient wiggle toes and move arms and legs often.
- If the patient is unable to move, you or a family caregiver may reposition every two (2) hours to promote comfort and reduce the risk of pressure spots.
- Range of motion exercises of the joints and muscles should be done on a daily basis unless prohibited by the doctor.
- Never use a heat lamp.
Do not massage pressure points or reddened areas.
Notify the nurse if splints or braces or oxygen tubing are rubbing or causing irritation.
Clothing made of cotton and loose fitting tends to be more comfortable.
Keep bed linens clean, dry and without wrinkles.
Avoid using plastic sheets as they may cause skin to break down.
Remove the bedpan within a few minutes to avoid pressure on the tailbone.
Many odors can be controlled. Check with your team nurse for methods of controlling odor.
Always follow the treatment plan. Don’t treat the wound yourself.
REMEMBER: Always document (if able) and report your observations to the nurse including your observations of the wound and dressings and family’s ability to follow the plan of care.

How you can support the patient and family
The most distressing symptoms for the patient and family associated with skin disorders are odor, drainage, and pain. The importance of attending to good Skin Care is directly related to the influence these symptoms have on the patient’s quality of life and general well-being.

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference


Approved by the HPNA Education Committee June 2006.
Reviewed by the Education Committee January 2009.
Revised by the Education Advisory Team October 2013

Orig. 06 06, rev. 01 09, rev. 10 13
Skin Care

Why it is important
Care of the skin is an important part of the overall care. The skin is the largest organ of the body. It is the immune system’s first line of defense against infection.

How can I keep the skin healthy?
- Healthy skin needs to be cleaned and well hydrated.
- Wash with warm water and mild soap.
- Avoid friction or rubbing.
- Clean skin after each soiling.
- Use alcohol-free lotions on dry skin for moisturizing.
- Do not massage reddened areas.

What can be done to prevent damage to the skin?
- Encourage the person to be out of bed as tolerated.
- Avoid having person sit up straight in bed longer than necessary. This puts pressure on the buttocks and sacrum.
- Raise heels off of the bed by placing pillows under calves and knees for support.
- Change the bedbound person’s position at least every two hours; one hour if in a chair.
- Remind the person to shift their own weight, if possible, every 15 minutes.
- Ask your team to show you how to use “draw” or “pull” sheets to move the person, avoiding friction from sheets.
- Keep the person’s skin clean and dry.

What to report to the hospice/palliative care team
- Reddened areas that do not fade.
- Open areas or blisters on the skin.
- Any changes in the ability to turn or change the person’s position. If it becomes difficult for the person to change position because of weakness or pain.
The team can advise you on special pads and mattress overlays to help prevent skin breakdown. Nutrition is important but sometimes food may overwhelm the sick person. Offer protein-rich drinks and snacks during the day as person tolerated.

Even though attentive care is provided, skin can break down because of the physical changes that occur at end of life. Skin breakdown can result from lying in bed much of the time. Other medical issues may prevent or delay healing. It is important to report any changes, redness or skin breakdown to the nurse.

The person’s comfort is the goal of care.

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference


