

## Breathlessness

### In the last few weeks consider:

#### Non drug management

1. Relaxation techniques.
2. Fan.
3. Room temperature to suit patient.
4. Trial of humidified Oxygen
5. Obstructive dyspnoea may be relieved by palliative radiotherapy
6. Consider anaemia, bronchospasm and cardiac failure

#### Drug treatments

1. Oral morphine - can also help cough
2. Anxiolytic e.g. Diazepam 2.0–5.0mg at night + Lorazepam 1.0–2.0mg sub lingual or orally as required for acute episodess.
3. Nebulised saline 5 mls qds.
4. Also consider high dose oral steroids - especially if brochospasm or lymphangitis Dexamethasone 8mg as a single morning dose and then titrate downwards – usual maintenance 2-6mg / day Add GI protection with PPI or misoprostol in at risk patients

### In the last few days:

1. Use the **general measures** above as appropriate

2. **Drug treatment:**

Use a combination of diamorphine and Midazolam.

If opioid naïve use:

Diamorphine 5.0mg and Midazolam 5.0mg via syringe driver subcutaneously over 24 hours.

Breakthrough doses of 2.5 mg of each to be given together 1-2 hourly.

(Midazolam 2.5-5.0mg can be given every 30 minutes if required)

Titrate the syringe driver dose according to previous 24 hour requirements

If already having diamorphine for pain:

Continue to give that dose plus 1/3 extra for breathlessness via syringe driver. Give 1/6 of total Diamorphine dose 1-2 hourly for continuing breathlessness.

Start Midazolam 5.0mg s/c via same syringe driver over 24 hours and give 2.5mg–5.0mg s/c up to every 30 minutes for continuing breathlessness.