

Sudden Breathlessness Crisis

Sudden breathlessness can create a crisis (sudden breathlessness crisis).

A sudden breathlessness crisis happens when breathlessness comes on quickly, severely, and does not go away. It can be very concerning for you, your family, and others caring for you.

Dyspnea is the word used by health care providers to describe shortness of breath or breathlessness (see ATS Patient Series http://patients.thoracic.org/information-series/en/resources/ATS_Patient_Ed_Breathlessness.pdf). Not everyone with a breathing problem experiences episodes of sudden breathlessness crises. However, people with advanced disease of the lungs, heart, or nervous system and those at or near the end of their life are more likely to experience a sudden breathlessness crisis.

How do I or someone else know if I am experiencing a sudden breathlessness crisis?

Seeing you breathless can be a concern for those around you. If your family or caregivers want to help you, here are some suggestions for them. First and foremost, they should ask you, the person having the breathlessness, to tell them what you are feeling. If you can speak, you might say feeling the “worst shortness of breath I’ve ever experienced...feeling like I am suffocatingit’s very hard to breathe....I am not able to take a deep breath....I’m feeling panicky.” If you are too short of breath to speak, give your family or caregiver (family/caregiver) a sign or signal to get help. It is helpful for you and your caregivers to agree upon a hand gesture to be used if you ever become too short of breath to speak or write.

If you have breathing problems, there will be times when your breathing is worse than usual. This does not necessarily pose a crisis. For example, your breathlessness may be similar to past episodes that went away on their own or with your usual treatment. A sudden breathlessness crisis on the other hand, is very severe and does not go away as usual. Other things that happen that might tell you this is a different kind of breathlessness are the following:

- It does not improve with your routine medication or other things you have done in the past that relieved

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- C** **Call for help.** Calm the person.
- O** **Observe** the person closely. Evaluate how severe their shortness of breath has become.
- M** **Medication** like morphine, inhaled bronchodilator and/or medication for anxiety may help.
- F** **Fan** to create air movement on the face. Open a window. Cool the room.
- O** **Oxygen.** Increase the amount of oxygen or give oxygen if ordered.
- R** **Reassure.** Help the person relax, provide reassurance.
- T** **Take your time, don't rush.**

or lessened breathlessness

- It “feels” like a crisis or seems worse than past episodes of breathlessness
- It improves only with a special plan worked out by your health care team that helps you (See below “What can be done for severe breathlessness?”)

What are the causes of sudden breathlessness crisis?

Several conditions can cause breathlessness, and any one or a combination of them may result in sudden breathlessness crisis. For example, breathlessness is very common in lung diseases such as COPD, emphysema, asthma, interstitial lung disease, pulmonary hypertension and cystic fibrosis. Breathlessness crisis can happen when lung disease is not controlled or is advanced. Heart diseases, particularly heart failure, can cause breathlessness crisis. Cancers that begin or spread to the lungs, or those that are advanced can cause breathlessness crisis. Any muscle or nerve disease that affects breathing, for example, Lou Gehrig’s disease (ALS-amyotrophic lateral sclerosis) can cause a crisis of sudden breathlessness.

What can make sudden breathlessness worse?

Sudden breathlessness may get worse in the following

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situations:

- A flare-up (exacerbation) of chronic lung or heart disease.
- Environmental factors can affect the lungs such as severe air pollution or exposure to wood smoke in cold weather months, may trigger a breathlessness attack.
- Traveling to high altitudes.
- Developing pneumonia or infection.
- Fear, anxiety, and panic.

The mind cannot be separated from the body when one experiences chronic or acute breathlessness. Emotions, such as a feeling of being out of control, fear of dying, or increasing anxiety and panic, all can trigger an acute breathlessness crisis.

What can be done for severe breathlessness?

Sudden breathlessness can be frightening for everyone involved. A plan or “ritual” can decrease your fears and sense of panic. The more you believe you can manage the feeling of overwhelming breathlessness and feel “in control,” the less likely there will be a sense of fear and panic during episodes of sudden breathlessness. It is recommended that you and your family/caregivers, prepare in advance for this situation by developing a step-by-step plan to cope with sudden breathlessness. The best time to learn and practice the strategies outlined in the plan is when you are not in distress.

There are a number of things that people find helpful when they are experiencing crisis breathlessness. Strategies in the past that have helped decrease breathlessness should be used first. Things you might consider are the following:

- Try approaches that have worked before, such as a special inhaler or nebulizer treatment
- Change positions. Find a position that helps ease your breathing. Many patients, especially those with COPD, asthma, heart failure, or cystic fibrosis find that elevating the head of the bed or using extra pillows under the head and shoulders may help. Sitting upright or in a “tripod position” (with arms straight in front of the person and braced on a table) may be helpful for individuals with obstructive lung diseases like COPD or asthma. Individuals with pulmonary fibrosis or restrictive lung disease, on the other hand, may prefer to lie down without elevating their head.
- Pursed lip breathing may be helpful especially for patients with COPD or asthma.
- Develop a hand sign or signal that means, “I need help!”

Here is a simple plan of what family/caregivers can do to help a person that is experiencing sudden

breathlessness; think of the word COMFORT.

C Call for help, use a calm voice. Know who, when, and how to call for help.

O Observe and ask “What is your breathlessness like”? If they cannot speak, signs of breathing distress are fast breathing, seeing neck muscles tighten, or the stomach moving in with force during breathing, and a fearful look on the face.

M Medication. Know which medication is used for breathlessness crisis and have them ready for use. These may be an inhaled bronchodilator, morphine and/or medicine for anxiety.

F Fan to face. Also, try opening the window or cooling the room. If driving in a car, open the window or turn on the air conditioner for air to circulate across their face.

O Oxygen therapy if it was found helpful in the past.

R Reassure the person and stay with them if they wish. Use relaxation methods or do things that make the surroundings calm. Examples are: looking outside, guided imagery, listening to music, meditation, prayer or saying a mantra (repeating a meaningful word that brings peace). Give a light hand or back massage.

T Take time, don’t rush. Stay nearby. Many times people do not want to talk when having severe breathlessness.

If breathlessness crises happen often, make it a routine to use the plan, so you and your family/caregiver know what to expect. You may have to change the plan when you both find something does not work. Remember, breathlessness is uncomfortable and frightening, but not necessarily harmful. You can recover from breathlessness.

With an effective plan or ritual that is regularly practiced when not experiencing crisis, fears may be reduced and hospital emergency room visits may be avoided.

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Resources:

MedlinePlus

<http://www.nlm.nih.gov/medlineplus/ency/article/003075.htm>

Patient.co.uk

<http://www.patient.co.uk/health/controlled-breathing-pursed-lips-breathing>