

Managing Shortness of Breath



A GUIDE FOR PATIENTS AND CAREGIVERS

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Introduction

Shortness of breath is common for many people who are ill. Next to pain, it is one of the most feared symptoms for patients, caregivers, and loved ones. It can also be very hard to manage.

You may be caring for someone who has trouble breathing. You may have trouble breathing yourself. In any case, this booklet will teach you more about this health issue. It lists ways to cope with symptoms. It also has tools to help you communicate with the care team.

Call us if you need help. We are your care team, and we're here for you. Just knowing you have support may help you breathe easier.

“Breathing in, I calm body and mind.
Breathing out, I smile.
Dwelling in the present moment I know
this is the only moment.”

— Thích Nhất Hạnh,
Vietnamese monk and author

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Shortness of Breath and Illness

Most of us know how it feels to be short of breath. You have likely felt this after climbing stairs or running. Healthy people feel winded for a little while then get better.

Shortness of breath for people who are sick, hurt, or aging can last for days, months, or longer. Most major breathing problems are from heart or lung issues. Shortness of breath can also be caused by disease, accidents, or poor health.

Some people who have trouble breathing feel worn out. Others may feel like they can't catch their breath. In severe cases, some people feel like they are being suffocated.

Causes of shortness of breath

Acute cases — Symptoms are sudden and can be caused by:

- Low blood pressure
- Heart attack
- Heart failure
- Collapsed lung
- Extra fluid in the lungs (edema)
- Blood clot in the lung (embolism)
- Bacterial or viral infection (such as tuberculosis, pneumonia, or acute bronchitis)
- Blocked airway, choking

Chronic cases — Symptoms last for more than a month and can be caused by:

- Heart disease or other heart problems
- COPD (chronic obstructive pulmonary disease)
- Damaged air sacs in the lungs (emphysema)
- Inflamed lining in the lungs (chronic bronchitis)
- Asthma
- Being overweight

Other causes:

- Lung cancer
- Inflamed lining around the lungs
- Scarred or thickened lung tissue (fibrosis)
- Lack of red blood cells (anemia)
- Lack of oxygen in the body
- Severe anxiety or stress
- Breathing problems while sleeping (apnea)
- Other types of cancers and diseases

Has the patient had any of the above health issues? Check all that apply in the sections above. List all other health issues here:

Symptoms of shortness of breath

Most people breathe without thinking about it. Needing to focus on breathing all the time can be hard on the body and mind. This can cause a wide range of symptoms.

A person who is having trouble breathing may lift their shoulders, heave, or sigh. The chest and shoulder muscles work harder to pull in air, causing pain. The person might also speak slowly. Some people may only be able to say 1 or 2 words at a time.

Living with these symptoms can be draining. This may change the way the person acts. They might feel tense, moody, or depressed.

Here is a list of common symptoms. Check all that apply and share this with us.

- | | |
|--|---|
| <input type="checkbox"/> Tight chest | <input type="checkbox"/> Noisy breathing/wheezing |
| <input type="checkbox"/> Trouble talking | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Trouble doing daily tasks | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Tired, worn out | <input type="checkbox"/> Neck/shoulder pain |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Sweating |
| <input type="checkbox"/> Dizzy/light-headed | <input type="checkbox"/> Anxious/stressed |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Moody/angry |
| <input type="checkbox"/> Fast pulse | <input type="checkbox"/> Sad/depressed |

Changes in hands and feet; circle all that apply:

cold numb swollen spotty other _____

Other; write symptoms that are not listed:

Your Breathing History

Having facts about the patient's shortness of breath will help guide the care plan. Answer these questions and share with us.

- 1) Age: _____
- 2) Sex: M F
- 3) Do you feel short of breath during daily tasks (eating, talking, bathing, dressing, walking, climbing stairs, etc.)?
 Yes No
- 4) Do you feel short of breath when at rest (lying, sitting, or standing)? Yes No
- 5) Is your shortness of breath **sudden** or **gradual** (circle one)?
- 6) Do you have noises in your chest? Yes No
 - If yes, what does it sound like (wheeze, whistle, rattle, crack, squeak, etc.)?

- 7) Do you cough up mucus? Yes No
 - If yes, what does it look like (clear, yellow, green, thick, thin, etc.)?

- 8) Do you smoke or have you ever smoked (cigars, cigarettes, pipes, etc.)? Yes No (if no, skip to #9)
 - If yes, how often do/did you smoke?
 Daily Some days Rarely
 - How old were you when you started? _____
 - How old were you when you quit? _____
 - Total years as a smoker: _____
- 9) Do or did you live with a smoker? Yes No

Your Breathing Journal

Tracking shortness of breath could give clues about when it might happen in the future. Fill out an entry each time you are short of breath. Share this with us.

Date/time:	How long did it last?
What were you doing?	
What did it feel like? <input type="checkbox"/> Tight chest <input type="checkbox"/> Struggle for air <input type="checkbox"/> Suffocating <input type="checkbox"/> Other: _____	
Rate how out of breath you felt:	Not bad 1 2 3 4 5 Worst
Rate your anxiety/stress at the time:	Low 1 2 3 4 5 High
What made it better?	

Date/time:	How long did it last?
What were you doing?	
What did it feel like? <input type="checkbox"/> Tight chest <input type="checkbox"/> Struggle for air <input type="checkbox"/> Suffocating <input type="checkbox"/> Other: _____	
Rate how out of breath you felt:	Not bad 1 2 3 4 5 Worst
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Rate how out of breath you felt:	Not bad 1 2 3 4 5 Worst
Rate your anxiety/stress at the time:	Low 1 2 3 4 5 High
What made it better?	

Techniques for Breathing Relief

These techniques can help you calm down when you are short of breath. You may not be able to do all of these exercises. A member of the care team can give you guidance. Call us if you have questions.

Sit or lie down before starting. Relax your neck and shoulders.

Pursed-lip breathing — to control breathing:

- 1) Breathe in quickly and deeply through your nose (like smelling a rose).
- 2) Breathe out slowly through your mouth. Keep your lips pursed (like you are going to whistle).
- 3) Breathe out 3 times slower than you breathe in.
- 4) Repeat until breathing is under control.

Belly breathing — to fill and empty your lungs with each breath:

- 1) Put one hand on your chest and one on your belly.
- 2) Breathe in deeply through your nose. Push your belly out. (The hand on your belly should move as you breathe. The hand on your chest should be mostly still.)
- 3) Gently push your belly in with your hand when you breathe out.

Belly breathing is also called “diaphragmatic” breathing. The diaphragm (**day-uh-fram**) is the muscle under the lungs. It helps with deep breathing.

Try to work this muscle after you learn how to belly breathe: Lie down and put a light weight (like a book) on your belly while you breathe. Add more weight as you get stronger.

4-7-8 deep breathing — for more oxygen:

- 1) Breathe in through your nose for 4 counts.
- 2) Hold your breath for 7 counts.
- 3) Breathe out through pursed lips for 8 counts.

To stretch your chest muscles: Raise your arms over your head as you breathe in. Slowly lower them as you breathe out.

Other non-medical relief

Using these tips with treatments the care team prescribes can ease symptoms even more.

For instant relief during a breathing attack:

- Place a cool cloth on your forehead.
- Blow a fan on your face. A light breeze can help you feel like you're getting more air.

Check your environment:

- Avoid sitting in hot, humid air. Also avoid breathing bitter cold air.
- Avoid harsh perfume, hair spray, smoke, smog, pollen, dust, or other air pollutants.
- Keep the air in your home cool, dry, and clean:
 - Close doors, windows, and curtains.
 - Turn on fans or air conditioning.
 - Clean up dust, pet hair, or things in your home that could bother your lungs. Wear a mask when you clean.
 - Change air filters often.
 - Ask for help if you need it.

Change the way you sit, stand, or sleep:

- Lean forward when you sit or stand. Rest your hands or forearms on your knees or on a table in front of you. This expands your lungs.
- Prop yourself up when you sleep. Use pillows or raise the head of the bed. Place a pillow under or between your knees. Try sleeping in a recliner.

Huff cough:

- These controlled coughs help clear mucus from the lungs without wearing you out:
 - 1) Breathe out through your mouth. Empty your lungs.
 - 2) Breathe in deeply through your mouth.
 - 3) Push the air out with your belly in 3 even breaths. You should make a noise that sounds like *huff, huff, huff* or *ha, ha, ha*. “Huff coughs” should be short and sharp to loosen mucus.
 - 4) Repeat steps 2 and 3, with a smaller breath in.
 - 5) Take one more deep breath. Give one HARD huff cough to bring up the mucus.
 - 6) Sometimes the mucus won’t come out. Try to avoid a coughing fit. Control your breathing (see “Pursed-lip breathing” on page 9). Take a short rest. Try again.
- Build up your chest muscles for deeper coughs:
 - 1) Sit or lie down.
 - 2) Breathe in and out quickly through your nose for 10 seconds.
 - 3) Try this a few times each day. If you can, work up to 15–30 seconds at a time.

Take care of yourself:

- Save your strength for when you need it. Rest when you feel tired. Ask family or friends to help with basic chores.
- Try not to limit all activity. Daily exercise can help you build strength. It can also ease stress and help you avoid depression. Talk to us about exercises that are safe for you. We may suggest short walks or stretches. Work out during the coolest parts of the day.
- Drink plenty of water and eat a healthy diet. Try to eat 4–6 small meals a day. Avoid food and drink that cause gas, like beans or soda. A full stomach can make it harder to breathe.
- Get at least 8 hours of sleep each night. Let us know if you have trouble sleeping.
- Avoid smoking. Ask us for support if you want to quit. Ask smokers who live with you to smoke outside.
- Distract yourself. Get your mind off of breathing to help get it under control. Reach out to a friend, watch a movie, or listen to music.
- Talk to someone you trust about your feelings. Connect with your faith group. Call us for support.

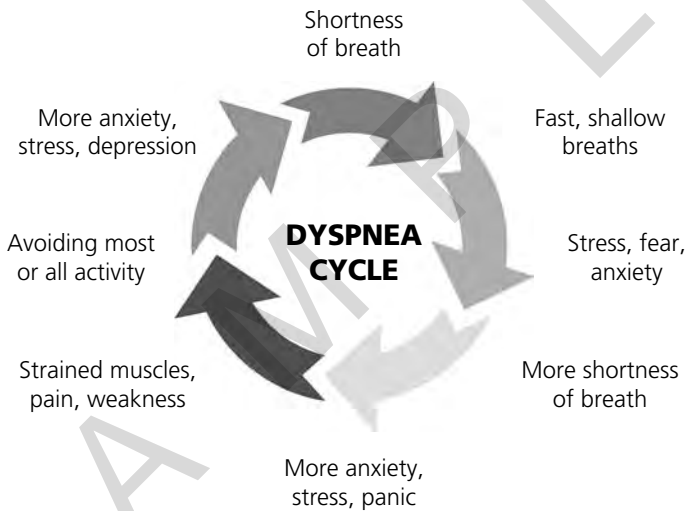
“Sometimes the most productive thing you can do is relax.”

— Mark Black, heart and double-lung transplant survivor, author, and speaker

Shortness of Breath and Stress

Stress may make shortness of breath worse. Being short of breath can lead to panic and muscle strain. This leads to stress and more breathing problems. This goes on until the person can't catch their breath.

These breathing attacks are also known as the “dyspnea cycle.” Dyspnea (**disp-nee-uh**) is the word doctors and nurses sometimes use for shortness of breath.



There is a strong link between emotions and shortness of breath. Some people can feel short of breath just by thinking about it. Stressful events, like arguing with someone, can cause a breathing attack.

Breathing problems can lead to depression. Depression can make breathing problems worse. People with long-term anxiety can also have trouble breathing. Lowering stress can help make breathing easier.

What you can do:

- Practice the breathing techniques on pages 9–10 often. This can ease stress. It will also train your body to control symptoms during breathing attacks.
- Keep your home clean and neat.
- Listen to calm music or read a book.
- Meditate or pray.
- Try yoga or gentle stretches.
- Picture doing something you love in a peaceful setting (visualization).
- Ask us if massage or acupuncture might help you.
- Cuddle with a soft blanket, toy, or pet.
- Keep in touch with people you enjoy.
- If you have broken ties with family or friends, think about reaching out. Fixing these ties can help lessen stress. Make a phone call or write a letter.

“In times of stress, the best thing we can do for each other is to listen with our ears and our hearts, and to be assured that our questions are just as important as our answers.”

— Fred Rogers

Treatment for Shortness of Breath

Treatments are chosen based on causes, symptoms, and breathing history (see pages 3–8). It may take time to find the right care plan. Let us know what works and what does not.

Common treatments are listed in this section. We may suggest more than one treatment or some that are not listed. The care plan may also change if symptoms change. Ask us if you have questions about your treatments.

Medicines

Drugs that treat breathing problems often come as mists or powders. They are breathed in with an inhaler or other device. These devices must be used as directed to work well. The care team can show you how to use them properly. Short-acting drugs give relief right away. Long-acting drugs work over time.

Other drugs treat issues that may be adding to the problem, such as anxiety. Some drugs may not be safe for all patients. There may also be side effects. We will review this with you. Common drugs for shortness of breath:

- **Bronchodilators** (bron-koh-**di**-lay-ters): These drugs can be inhaled or given as a pill, syrup, or shot. They relax tubes in the lungs to widen airways.
- **Steroids**: These drugs can be inhaled or given as a pill or by IV. They help ease swollen or inflamed lungs.
- **Antibiotics**: These drugs can be given by pill or IV. They cure infections, like pneumonia.
- **Cough medicines**: These drugs ease coughing. Some are over-the-counter. Others must be ordered by a doctor.
- **Anti-anxiety medicines**: These drugs help the patient relax. This can break the dyspnea cycle of panic (see page 13).

- **Water pills (diuretics):** These drugs pull water from the body. The patient will urinate more often. This takes pressure off of the lungs if there is extra fluid around them.
- **Anti-coagulants** (an-tee-koh-*ag-yuh*-lunts): Also called “blood thinners,” these drugs keep blood from clotting. This helps the body clear blood clots that cause breathing problems.
- **Pain medicines:** Low doses of opioids may be used for major breathing problems. This calms the patient to ease breathing. It is safe to use these drugs this way. Low doses do not slow breathing, cause addiction, or hasten death for very sick patients.

Oxygen therapy

Oxygen therapy is a common treatment for shortness of breath. Many of these patients have low oxygen in their blood. Oxygen therapy can boost energy. Some patients have more freedom with this treatment.

Oxygen is safe when used as directed. A doctor must prescribe this treatment. Low oxygen in the blood can be tested with a painless device that is placed on the finger. Prescriptions are based on the patient’s oxygen level, breathing pattern, lifestyle, and other factors.

Oxygen prescriptions include:

- **How often oxygen will be used:** Will the patient use it all the time, with some activity, or only at night?
- **How much oxygen will be used:** Oxygen is measured by flow rate and how strong the oxygen is (concentration).
- **How the oxygen will be breathed in:** The care team will work with the patient to choose the right delivery system (see the next page).

Oxygen delivery systems:

Common delivery systems are listed below. Each varies by flow rate (low or high) and oxygen concentration. The oxygen supply comes from a tank or a machine that collects oxygen from the air (oxygen concentrator). In most systems, the patient breathes the oxygen through a tube or mask attached to the supply. Tubes and masks may be held in place with tubing, medical tape, or stretchy straps.

- **Nasal cannula:** A nose tube with 2 small, plastic prongs that sit just inside the nostrils
- **Simple mask:** A clear plastic or rubber face mask that covers the nose and mouth
- **Nasal catheter:** A long, soft tube that is gently pushed to the back of the throat through the nose
- **Reservoir cannula:** A nasal cannula with an attached container that holds oxygen (the “reservoir”)
- **Rebreathing mask:** A mask with a bag attached to hold oxygen
- **Hood or tent:** A clear, plastic shell that covers the head or upper body; used for infants and small children
- **Venturi mask and high-flow cannula:** These can give stronger and more exact amounts of oxygen
- **Transtracheal** (trans-tray-kee-uh l) **tube:** A tube that is placed straight into the windpipe through the neck

Other treatments

Shortness of breath is addressed by treating its root cause.

Other drugs, therapies, medical devices, or surgery may be used based on what is causing shortness of breath.

Your Plan for Breathing Attacks

It is a good idea to have a plan for breathing attacks. Fill in this page once we've talked about treatment. Share it with caregivers and loved ones. Ask us if you have questions.

If I have trouble breathing, the first thing I should do is:
If that does not work, then I should:
These are the medicines and treatments that I am taking for shortness of breath:
Schedule an appointment with the care team if I am short of breath and have:
<input type="checkbox"/> More trouble breathing than before <input type="checkbox"/> Noises in my chest <input type="checkbox"/> Swollen hands or feet <input type="checkbox"/> Changes in my mucus <input type="checkbox"/> Fever or chills (thicker, change in color, etc.) <input type="checkbox"/> Other: _____
My care team's phone number:
IN AN EMERGENCY (check one below):
<input type="checkbox"/> DO NOT CALL 911. Please call my care team instead. I have a DNR (do not resuscitate) order and/or I am enrolled in hospice care. <input type="checkbox"/> CALL 911 if I am short of breath and have chest pain, nausea, faintness, or any other symptom listed here:

Palliative Care

Palliative care (or “comfort care”) is physical, emotional, and spiritual care for any patient who has symptoms that disrupt daily life. It can be given at any stage of an illness and while seeking a cure. Care teams can work with the patient’s doctor to give the best care.

Palliative care is well-suited to care for patients who struggle with shortness of breath. Shortness of breath affects patients physically, emotionally, and spiritually. Loved ones may also be deeply upset to see the patient suffer. Care teams can manage symptoms, make care plans, and give support to the patient and family.

You, your doctor, or a loved one can suggest palliative care. Some insurance, Medicare, and Medicaid may cover costs if care is ordered by a doctor. Let us know if you have questions about palliative care.

Hospice Care

Hospice care is physical, emotional, and spiritual care for patients in the last phase of life. Treatments to cure are stopped in most cases. Comfort and quality of life are the focus.

Sometimes the disease that is causing shortness of breath cannot be cured. Breathing problems are also common for many people near the end of life. Hospice care is well-suited to care for these patients. Care teams manage symptoms, make care plans, and give support to the patient and family.

You, your doctor, or a loved one can suggest hospice care. The patient’s doctor and a hospice doctor decide if the person can enroll. Most insurance, Medicare, and Medicaid cover costs if the patient qualifies. Let us know if you have questions about end-of-life care.

For Families and Caregivers

Shortness of breath can be upsetting for loved ones, too. Watching someone you care about fight for air can be stressful. It can make you feel scared and helpless.

What you can do:

- Learn about this medical condition so you know what to expect. Read this booklet for tips on how to help someone who struggles with shortness of breath.
- Help keep your loved one's space clean and calm. Ask if they need help cleaning up dust or clutter. Practice breathing exercises with them (see pages 9–10).
- Learn about your loved one's treatments. Ask what you can do during a breathing attack. If a plan is not in place, call us. We can help you build a plan (see page 18).
- Stay calm if your loved one has a breathing attack. Get medicines. Remind them about their breathing exercises.
- Try to be relaxed around your loved one. Your stress can add to their stress.
- Keep doing what you would normally do with your loved one. Have meals with them. Keep up with visits. Avoiding the person can lead to depression and make shortness of breath worse.
- Be there to support your loved one. Listen when they need to talk.
- You may feel drained or overwhelmed if you are caring for someone who has trouble breathing. Your quality of life is important, too. Try to get rest, eat well, and exercise. Keep in touch with family and friends.
- Reach out for help when you need it. Contact us for support. We are here for you.




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