

Personal Support Worker Community of Practice Series

Pain and Shortness of Breath Management



Presenters: Tracey Human and Diane Roscoe

Date: February 8th, 2022

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

Thank you!

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



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Welcome and Reminders

- Please introduce yourselves in the chat!
- Your microphones are muted for background noise, but we do want dynamic sharing, so please raise your hand to unmute to talk. Sharing or asking questions in the chat is also welcome.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- Terminology (Personal Support Worker)

Series Objectives

Our PSW Palliative Care Community of Practice

- **PSWs with a passion to become PSW experts in palliative care**
- A place for Peer-to-Peer practice support
- Facilitated and coached by palliative care experts
- Shared skill building in the Palliative Approach to Care
 - We engage in topic-based discussions, share knowledge and experiences to learn from each other, used cases to practice applying our skill caring for individuals/ families living with life-limiting illness
 - We share resources, tools, best-practice approaches
- Build on foundational knowledge acquired through LEAP PSW

Overview of Topics

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Nov 16 th , 2021 from 5-6pm
Session 2	Essential Communication Skills Part 1	Nov. 30 th , 2021 from 5-6pm ET
Session 3	Essential Communication Skills Part 2	Dec. 14 th , 2021 from 5-6pm ET
Session 4	Tools Practicum Part 1	Jan. 11 th , 2022 from 5-6pm
Session 5	Tools Practicum Part 2	Jan. 25 th , 2022 from 5-6pm ET
Session 6	Pain and Shortness of Breath Management	Feb. 8 th , 2022 from 5-6pm ET
Session 7	Understanding Tubes, Pumps, Bags and Lines	Feb. 22 nd , 2022 from 5-6pm ET
Session 8	The PSWs Role in the Last Days and Hours	Mar. 8 th , 2022 from 5-6pm ET
Session 9	End of Life Medications and Side Effects	Mar. 22 nd , 2022 from 5-6pm ET
Session 10	End of Life Delirium	Apr. 5 th , 2022 from 5-6pm ET
Session 11	Post-mortem Care: Cultural Considerations and what happens at the funeral Home	Apr. 19 th , 2022 from 5-6pm ET
Session 12	Culturally Relevant Care	May 3 rd , 2022 from 5-6pm ET
Session 13	Trauma Informed Care and Cultural Safety	May 17 th , 2022 from 5-6pm ET
Session 14	Indigenous End of Life Care	May 31 st , 2022 from 5-6pm ET

TOPIC(s): Pain & Dyspnea (Shortness of Breath)



Dyspnea (Shortness of Breath)



Poll Question - Dyspnea

Oxygen Therapy is helpful and necessary for everyone who is short of breath and at end of life

1. True

1. False

Review: Dyspnea (Problems breathing or Shortness of Breath)

- What is Dyspnea?
- Who is at risk for Dyspnea? What conditions are known to cause difficulty breathing?
- What does mild, moderate, severe dyspnea look like?
- What is the PSW role in Dyspnea (Difficulty breathing/Short of breath) Care?
- Is your role different in those able to self-report vs those who can't tell us (non-verbal cognitively impaired)?

What observations might you see that suggests an individual is short of breath/having problems breathing?

What tools do you use?

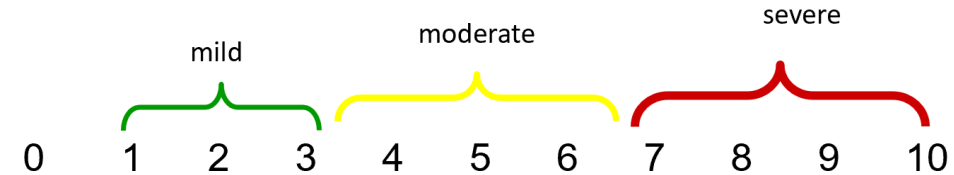
Dyspnea Screening Tools

Edmonton Symptom Assessment System: (revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Numeric Scale



Mild Dyspnea

Based on discussion with Patient:

- Usually can sit and lie quietly
- May be intermittent or persistent
- Worsens with exertion
- No anxiety or mild anxiety during shortness of breath
- Breathing not observed as laboured

Based on Physical Assessment:

- No cyanosis

Moderate Dyspnea

Based on discussion with Patient:

- Usually persistent
- May be new or chronic
- Shortness of breath worsens if walking or with exertion; settles partially with rest
- Pauses while talking every 30 seconds
- Breathing mildly laboured

Severe Dyspnea

Based on discussion with Patient:

- Often acute or chronic
- Worsens over days/weeks
- Anxiety present
- Wakes suddenly with shortness of breath
- Laboured breathing awake and asleep
- Pauses while talking q5-15s

Based on Physical Assessment:

- ± cyanosis
- ± onset of confusion
- Often orthopnea present

How the Team Manages Dyspnea with Medications

Oxygen Treatment – does not necessarily “fix” all breathing problems.

Comfort measures or other medications and activity management are often what is necessary

Respiratory Therapy; PhysioTherapy; Occupational Therapy

Medications can be prescribed

- opioids
- to decrease inflammation or help open the airway
- to dry up secretions (lung congestion or excessive saliva)
- to decrease anxiety
- Others depending on the cause of the shortness of breath for example
 - antibiotics; diuretics “water pills”
 - surgery; drains or chest tubes

Dyspnea NON-PHARMACOLOGICAL Approaches

- Calm and reassuring approach; stay with if also frightened or anxious while calling for help
- Pacing and slow approach with activity that cause the shortness of breath
- Energy conservation techniques and supportive equipment (e.g. wheelchairs; commodes when walking makes short of breath; total care with ADLs)
- Information and instructions for breathing control, relaxation, breathing exercises
- Positioning that maximize respiratory function while reducing physical effort and allows for chest to expand
- Ambient air flow on face & cool facial temperatures (use window, fan, or nasal prongs)
- Others

PSW Dyspnea Care Approach

Let's hear from you!!!

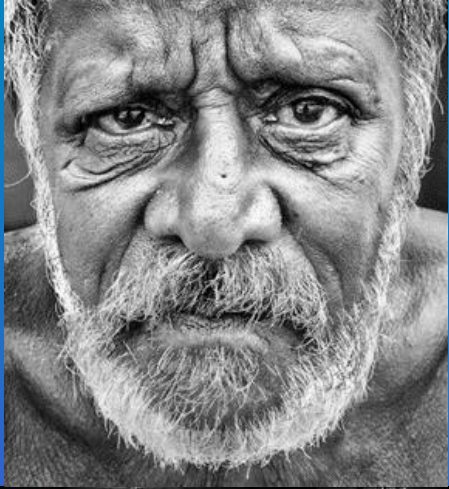
What is in your tool box on how to support someone with breathing difficulties from a anticipatory and supportive role to **prevent** the SOB from occurring whenever possible?

Is it always possible to prevent breathing difficulties?

Put your ideas in the chat!!



PAIN



Poll Question - Pain

You can tell if someone is in pain by looking at their face

1. True

1. False

Review - Pain

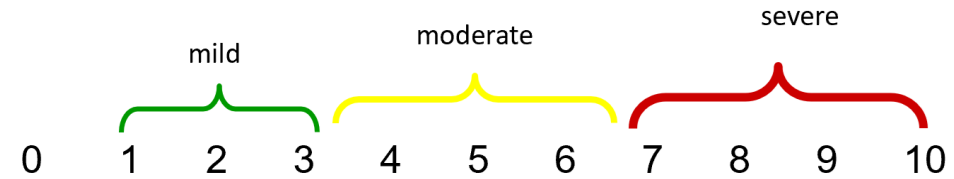
- What is Pain?
- Who is at risk for pain? What conditions are known to be painful?
- What does mild, moderate, severe and crisis pain look like?
- What is the PSW role in Pain Care?
- Is your role different in those able to self-report vs those who can't tell us (non-verbal cognitively impaired)?

What observations might you see that suggests an individual is experiencing pain?

What tools do you use?

PAIN Screening Tools

Numeric Scale



Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Pain

No Tiredness 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Tiredness
(Tiredness = lack of energy)

No Drowsiness 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Drowsiness
(Drowsiness = feeling sleepy)

No Nausea 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Nausea

No Lack of Appetite 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Lack of Appetite

No Shortness of Breath 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Shortness of Breath

No Depression 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Depression
(Depression = feeling sad)

No Anxiety 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Anxiety
(Anxiety = feeling nervous)

Best Wellbeing 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Wellbeing
(Wellbeing = how you feel overall)

No _____ 0 1 2 3 4 5 6 7 8 9 10 Worst Possible
Other Problem (for example constipation)

Mild Pain

- Generally tolerated by the patient and does not interfere with quality of life
- Patient can be easily distracted from the pain
- Generally does not interfere with activities of daily living (ADLs)

Moderate Pain

- Patient states they cannot manage pain
- Pain is interfering with quality of life
- Patient feels it is difficult to concentrate because of pain
- Hard to distract from the pain
- Pain is interfering with function and ADLs

Severe Pain

- Patient is in acute distress or discomfort
- Patient is completely focused on pain
- Patient is unable to complete activities
- Pain dominates quality of life
- Pain onset is sudden and acute
- Acute exacerbation of previous levels
- Pain may present at a new/ different site

4 Point Pain Scale



Pain score	Severity of pain
None	No pain
Mild	Pain reported in response to questioning only, without any behavior signs
Moderate	Pain reported in response to questioning and accompanied by a behavioral signs, or pain reported spontaneously without questioning
Severe	Strong verbal response accompanied by facial grimacing, withdrawal of the hand, or tears

*Nope
Little bit*

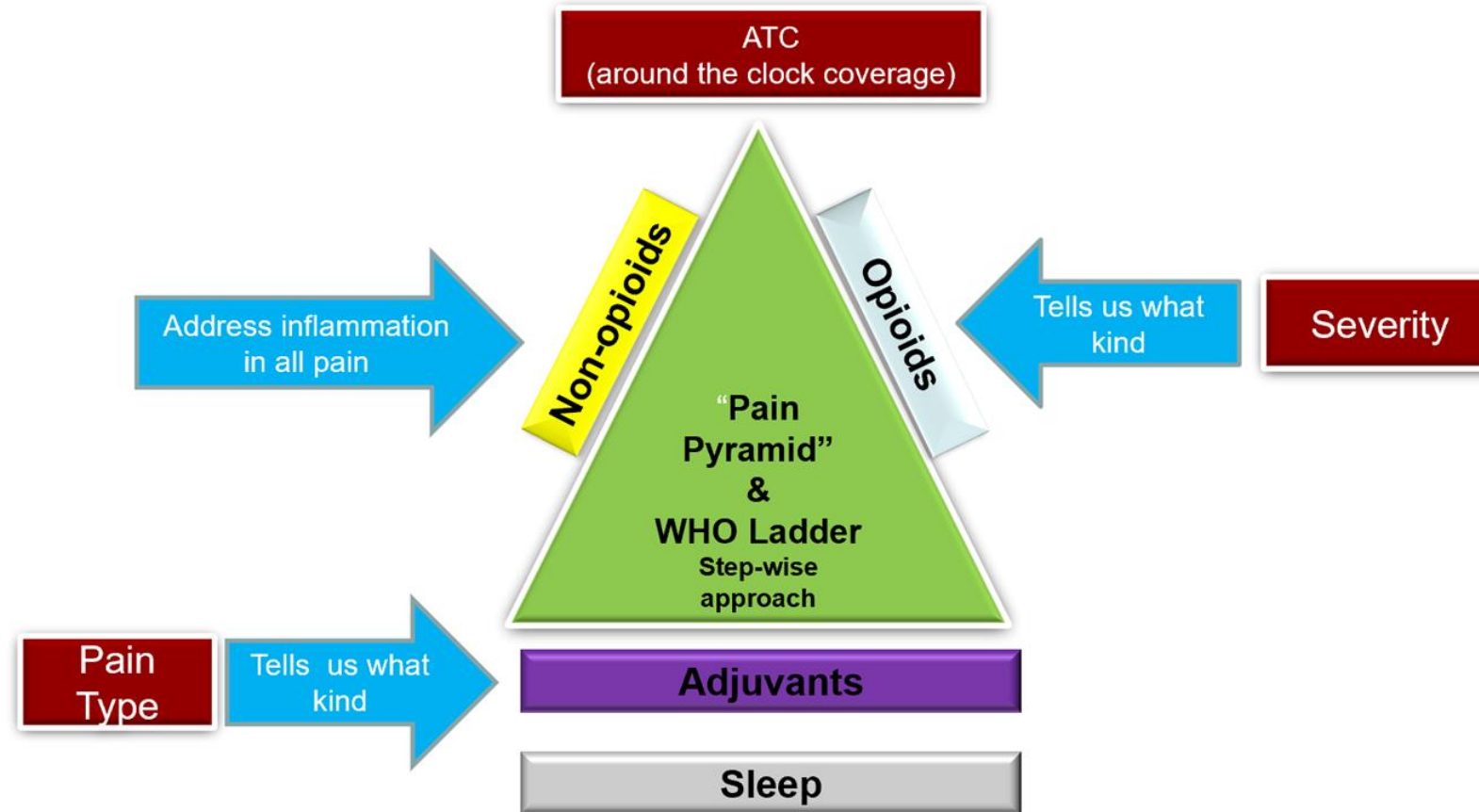
More than little bit

Really bad

Comparative Pain Scale		
	0	No pain. Feeling perfectly normal.
Minor Does not interfere with most activities. Able to adapt to pain psychologically and with medication or devices such as cushions.	1 Very Mild	Very light barely noticeable pain, like a mosquito bite or a poison ivy itch. Most of the time you never think about the pain.
	2 Discomforting	Minor pain, like lightly pinching the fold of skin between the thumb and first finger with the other hand, using the fingernails. Note that people react differently to this self-test.
	3 Tolerable	Very noticeable pain, like an accidental cut, a blow to the nose causing a bloody nose, or a doctor giving you an injection. The pain is not so strong that you cannot get used to it. Eventually, most of the time you don't notice the pain. You have <i>adapted</i> to it.
Moderate Interferes with many activities. Requires lifestyle changes but patient remains independent. Unable to adapt to pain.	4 Distressing	Strong, deep pain, like an average toothache, the initial pain from a bee sting, or minor trauma to part of the body, such as stubbing your toe real hard. So strong you notice the pain all the time and <i>cannot completely adapt</i> . This pain level can be simulated by pinching the fold of skin between the thumb and first finger with the other hand, using the fingernails, and squeezing real hard. Note how the simulated pain is initially piercing but becomes dull after that.
	5 Very Distressing	Strong, deep, piercing pain, such as a sprained ankle when you stand on it wrong or mild back pain. Not only do you notice the pain all the time, you are now so preoccupied with managing it that your normal lifestyle is curtailed. Temporary personality disorders are frequent.
	6 Intense	Strong, deep, piercing pain so strong it seems to partially dominate your senses, causing you to think somewhat unclearly. At this point you begin to have trouble holding a job or maintaining normal social relationships. Comparable to a bad non-migraine headache combined with several bee stings, or a bad back pain.
Severe Unable to engage in normal activities. Patient is disabled and unable to function independently.	7 Very Intense	Same as 6 except the pain completely dominates your senses, causing you to think unclearly about half the time. At this point you are effectively disabled and frequently cannot live alone. Comparable to an average migraine headache.
	8 Utterly Horrible	Pain so intense you can no longer think clearly at all, and have often undergone severe personality change if the pain has been present for a long time. Suicide is frequently contemplated and sometimes tried. Comparable to childbirth or a real bad migraine headache.
	9 Excruciating Unbearable	Pain so intense you cannot tolerate it and demand pain killers or surgery, no matter what the side effects or risk. If this doesn't work, suicide is frequent since there is no more joy in life whatsoever. Comparable to throat cancer.
	10 Unimaginable Unspeakable	Pain so intense you will go unconscious shortly. Most people have never experienced this level of pain. Those who have suffered a severe accident, such as a crushed hand, and lost consciousness as a result of the pain and not blood loss, have experienced level 10.

0 – 10 Pain Scale

How the Team Manages Pain with Medications



Right Drug(s) - Right Dose - Right Frequency - Right Time - Right Route

Pain NON-PHARMACOLOGICAL Approaches

- Gentle, calm, understanding and reassuring approach
- Equipment - wheelchair seating assessments; commodes; canes; walkers; special cushions or mattress
- Heat (warm bath or warming pad; Cold (Ice)
- Psycho-social-spiritual interventions: social interaction, recreation therapy; counselling (emotional and spiritual); Soul care
- Therapies: Physiotherapy, occupational therapy, massage, relaxation therapy, aromatherapy, music therapy, acupuncture, TENS and others
- Surgery; Radiation therapy
- Others

Education

Taking routine and breakthrough analgesics, side-effect management, non pharmacologic measures that can be used in conjunction with pharmacologic treatment.

PSW Pain Care Approach

Let's share!!!

What is in your toolkit to support someone in pain that you find works well?
What have you tried that your experience has shown you does not work well?

Put your ideas in the chat!!



Case-Based Discussion



Case-Based Discussion

Let's do some peer-2-peer sharing!

Anyone have any questions or a case to share on pain or shortness of breath?

Practice Pearls



What do you do in the moment?

Olga is a 78 year old individual living in Live Moment's Retirement Home. She has her own room. Olga's health history includes is high blood pressure, osteo -arthritis, high cholesterol and was diagnosed with stage 3 small cell lung cancer two months ago which she declined any treatment and interventions for. She has one daughter locally and another son in a city in Alberta.

You enter Olga's room and you find her gasping for breath. Her mouth is open wide and her breaths are rapid and her entire chest is heaving. Her eyes are opened wide she appears frightened and anxious

Example audio of gasping for air:

<https://www.bing.com/videos/search?q=video+of+gasping+for+breath&&view=detail&mid=C34E6A4DE0EB1261B496C34E6A4DE0EB1261B496&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dvideo%2520of%2520gasping%2520for%2520breath%26FORM%3DVD>

Secretions - End of Life

I knocked and was invited into the home. From the foyer I could hear Elisha breathing. She was very congested. The breathing sounded wet and “rattling sound” occurred with each intake and breath out. Elisha was sitting in high fowler's position.

What is in your tool box?

Put into the chat or raise your hand!



Wrap Up



Wrap Up

- Please fill out our feedback survey! A link has been shared in the chat
- A recording of this session will be emailed to you within the next week
- Make sure you have the next session marked in your calendar!
 - Understanding Tubes, Pumps, Bags and Lines
 - February 22nd, 2022 from 5-6pm ET

Long-Term Care- Community of Practice Series

- This community of practice is for health care professionals, administrators and system leaders working in long-term care.
- Participants will have the opportunity to build on foundational palliative care knowledge and practice skills through a 13-part series that will include knowledge exchange opportunities and interactive, case-based discussions.
- Register at www.echopalliative.com

LEAP Personal Support Worker



- LEAP Personal Support Worker is an online, self-learning course that provides personal support workers and care aides with the essential competencies to provide a palliative care approach
- Register at: <https://www.pallium.ca/course/leap-personal-support-worker/?enroll=enroll>

"I feel this course was great, and straight forward. It was easy to navigate, and had very good information, and knowledge"

"A great course, lots of information just for the PSW role. Information very informative and easily learned."

"This course is really amazing, well made and really helped me understand palliative care"

"I feel this course was absolutely fantastic! I enjoyed it very much."

"Wonderful journey, thank you"



Thank You

See you on February 22nd



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