Palliative Care Approach to Pain and Shortness of Breath

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Host: Diana Vincze

Presenter: Tracey Human

Date: October 11, 2023

Territorial Honouring

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.

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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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Project ECHO Palliative Care - Canada BY Pallium Canada

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- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by the CFPC and Royal College.

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LEAP CORE

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Introductions

Host

Diana Vincze
Palliative Care ECHO Project Manager,
Pallium Canada

Support

Aliya Mamdeen
Program Delivery Officer, Pallium Canada

Presenter

Tracey Human, RN CHPCN(C)
Director | Palliative Care Pain & Symptom Management Consultation (PPSMC) |Toronto Program

Conflict of Interest

Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

Host/Presenter

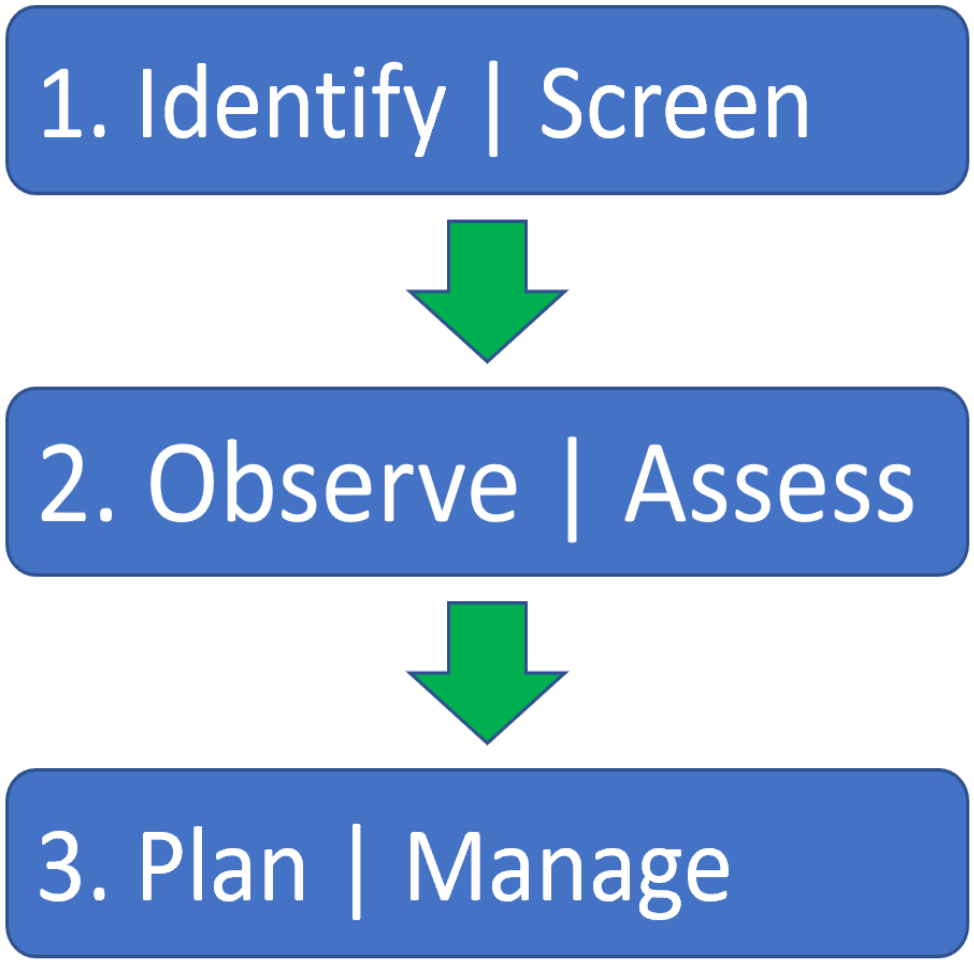
- Diana Vincze: Nothing to disclose.
- Tracey Human: Nothing to disclose.

Welcome and Reminders

- For comments, please use the chat function.
- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting.
- For questions, please use the Q&A function, these questions will be addressed at the end of the session.
- 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.

Pain & Dyspnea
(Shortness of Breath)

Palliative Approach – 3 Step Framework

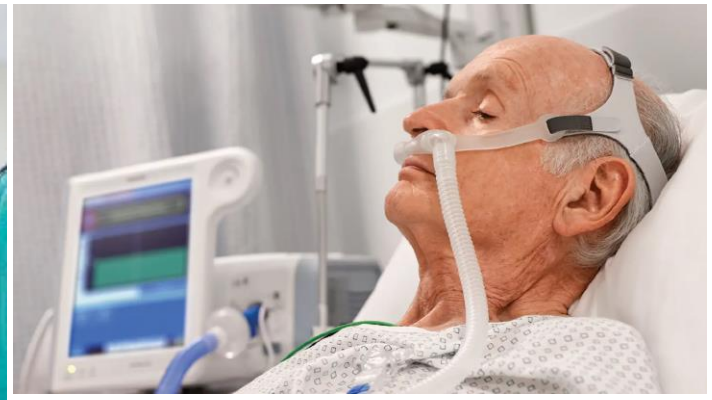


Dyspnea (Shortness of Breath)







Poll Question - Dyspnea

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

1. True
2. 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 your 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 or cognitively impaired)?

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

What tools do you use?

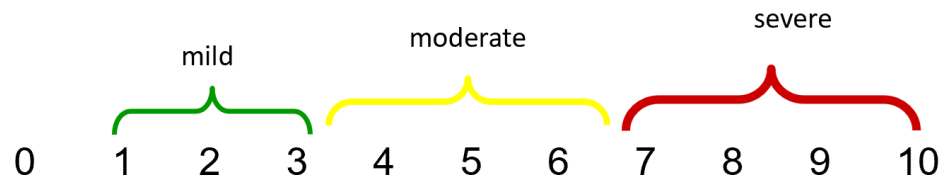
Dyspnea Screening Tools

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

Dyspnea Care Approach

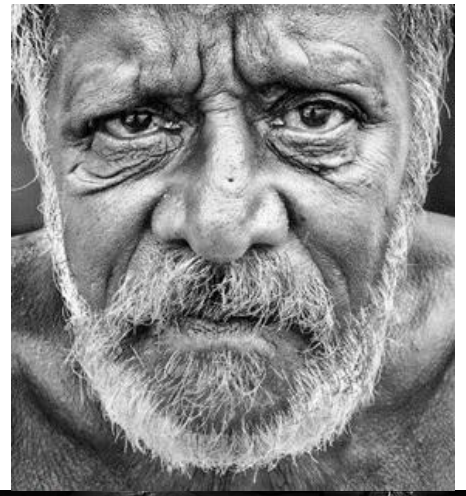
Let’s hear from you!!!

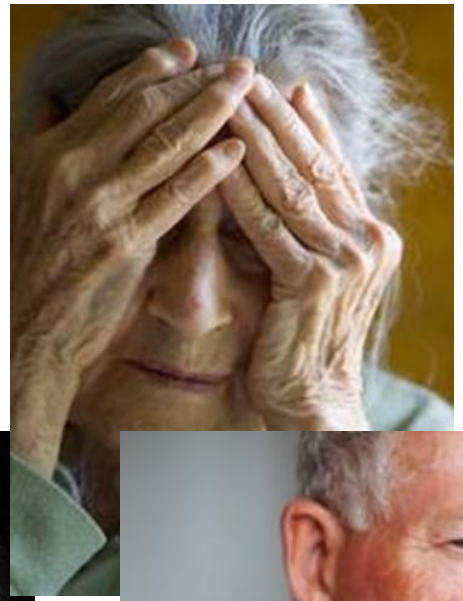
What is in your toolkit on how to support someone with breathing difficulties from a anticipatory and supportive role to **prevent** the SOB from occurring whenever possible?

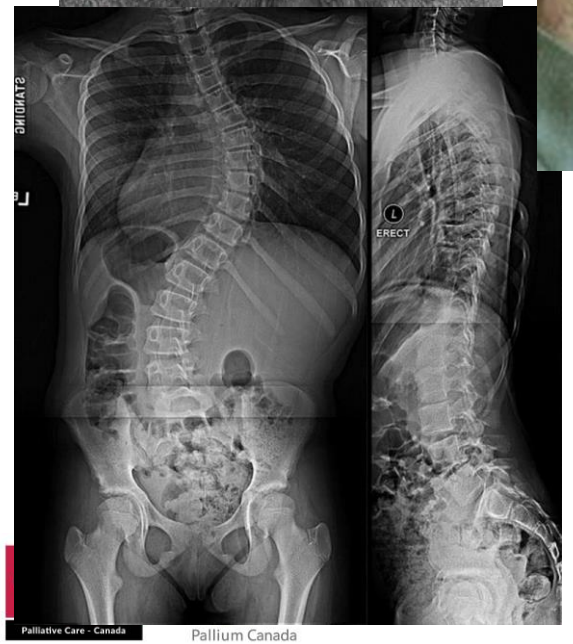
Is it always possible to prevent breathing difficulties?

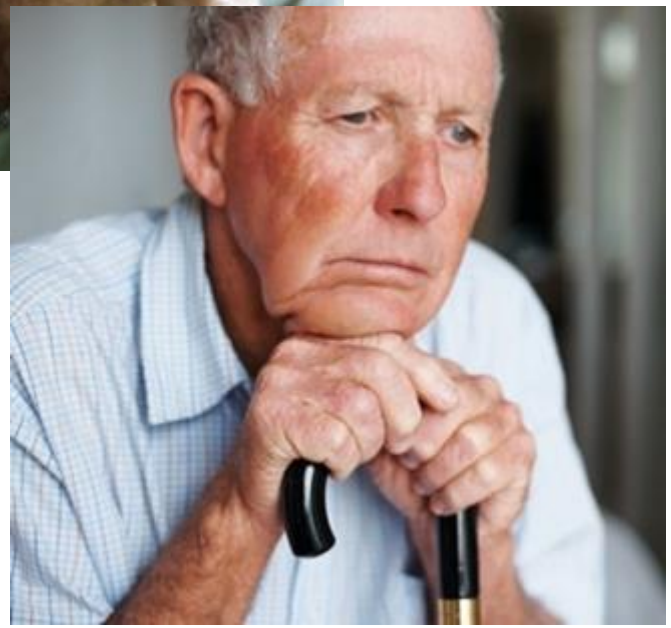
Put your ideas in the chat!!

PAIN









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Poll Question - Pain

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

1. True
2. False

Review: Pain

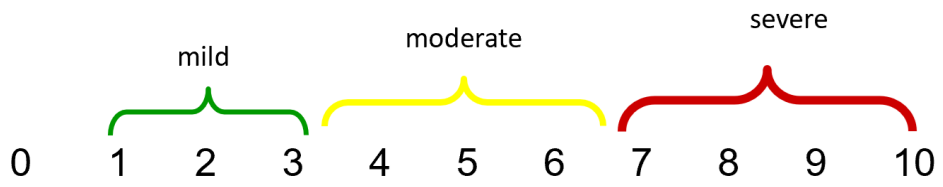
- What is Pain?
- Who is at risk for pain? What conditions are known to be painful?
- What does mild, moderate, severe and crisis pain look like?
- What is your role in Pain Care?
- Is your role different in those able to self-report vs those who can't tell us (non-verbal or cognitively impaired)?

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

What tools do you use?

PAIN Screening Tools

Numeric Scale



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

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 ADL's

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 *adapted* 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 *cannot completely adapt*. 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 you 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

Pain Assessment IN Advanced Dementia- PAINAD (Warden, Hurley, Volicer, 2003)

ITEMS	0	1	2	SCORE
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	
Negative vocalization	None	Occasional moan or groan. Low- level of speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frown	Facial grimacing	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
			TOTAL*	

*** Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").**

https://geriatricpain.org/painad

Appendix 5: Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise

How to use scale: While observing the resident, score questions 1 to 6

Name of resident:

Name and designation of person completing the scale:

Date: Time:

Latest pain relief given was: at hours

Q1. Vocalisation
eg. whipering, groaning, crying
Absent - 0 Mild - 1 Moderate - 2 Severe - 3 **Q1** ☐

Q2. Facial Expression
eg. looking tense, frowning, grimacing, looking frightened
Absent - 0 Mild - 1 Moderate - 2 Severe - 3 **Q2** ☐

Q3. Change in Body Language
eg. fidgeting, rocking, guarding part of body, withdrawn
Absent - 0 Mild - 1 Moderate - 2 Severe - 3 **Q3** ☐

Q4. Behavioural Change
eg. increased confusion, refusing to eat, alteration in usual patterns
Absent - 0 Mild - 1 Moderate - 2 Severe - 3 **Q4** ☐

Q5. Physiological Change
eg. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
Absent - 0 Mild - 1 Moderate - 2 Severe - 3 **Q5** ☐

Q6. Physical Changes
eg. skin tears, pressure areas, arthritis, contractures, previous injuries
Absent - 0 Mild - 1 Moderate - 2 Severe - 3 **Q6** ☐

- **Add scores for 1 - 6 and record here:** **Total pain score** ☐
- **Now tick the box that matches the Total**
  ☐ **0-2 - No Pain** ☐ **3-7 - Mild** ☐ **8-13 - Moderate** ☐ **14+ - Severe**
- **Finally tick the box which matches the type of pain**
  ☐ **Chronic** ☐ **Acute** ☐ **Acute on Chronic**

Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L: Parker, D and Lowcay, B. Funded by the JH & JD Gunn Medical Research Foundation 1998 - 2002
(This document may be reproduced with this acknowledgement retained)

Reference link Australian Pain Society, Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition
https://www.apsoc.org.au/PDF/Publications/APS_Pain-in-RACF-2_Abbey_Pain_Scale.pdf

Chronic Pain Scale for Nonverbal Adults With Intellectual Disabilities (CPS-NAID)

Please indicate how often this person has shown the signs referred to in *items 1-24* in the last 5 minutes.
Please circle a number for each item. If an item does not apply to this person (for example, this person cannot reach with his/her hands), then indicate "not applicable" for that item.

0 =	Not present at all during the observation period. (Note if the item is not present because the person is not capable of performing that act, it should be scored as "NA").
1 =	Seen or heard rarely (hardly at all), but is present.
2 =	Seen or heard a number of times, but not continuous (not all the time).
3 =	Seen or heard often, almost continuous (almost all the time); anyone would easily notice this if they saw the person for a few moments during the observation time.
NA =	Not applicable. This person is not capable of performing this action.

0 = Not at all	1 = Just a little	2 = Fairly Often	3 = Very Often	NA = Not Applicable

1. Moaning, whining, whimpering (fairly soft)	0	1	2	3	NA
2. Crying (moderately loud)	0	1	2	3	NA
3. A specific sound or word for pain (e.g. A word, cry or type of laugh)	0	1	2	3	NA
4. Not cooperating, irritable, unhappy	0	1	2	3	NA
5. Less interaction with others, withdrawn	0	1	2	3	NA
6. Seeking comfort of physical closeness	0	1	2	3	NA
7. Being difficult to distract, not able to satisfy or pacify	0	1	2	3	NA
8. A furrowed brow	0	1	2	3	NA
9. A change in eyes, including: squinching of eyes opened wide, eyes frowning	0	1	2	3	NA
10. Turning down of mouth, not smiling	0	1	2	3	NA
11. Lips puckering up, tight, pouting or quivering	0	1	2	3	NA
12. Clenching or grinding teeth, chewing or thrusting tongue out	0	1	2	3	NA
13. Not moving, less active, quiet	0	1	2	3	NA
14. Stiff, spastic, tense, rigid	0	1	2	3	NA
15. Gesturing to or touching part of the body that hurts	0	1	2	3	NA
16. Protecting, favouring or guarding part of body that hurts	0	1	2	3	NA
17. Flinching or moving the body part away, being sensitive to touch	0	1	2	3	NA
18. Moving the body in a specific way to show pain (e.g. Head back, arms down, curls up, etc.)	0	1	2	3	NA
19. Shivering	0	1	2	3	NA
20. Change in colour, pallor	0	1	2	3	NA
21. Sweating, perspiring	0	1	2	3	NA
22. Tears	0	1	2	3	NA
23. Sharp intake of breath, gasping	0	1	2	3	NA
24. Breath holding	0	1	2	3	NA
Subtotals:					
1. For each subtotal write the number of times each value was chosen	NA	1x___	2 x___	3x___	NA
2. Multiply the value of each selection by how many times that value was chosen					Total:
3. Add each subtotal to find the total score		=____	=____	=____	____

SCORING:

1. Add up the scores for each item to compute the Total Score. Items marked "NA" are scored as "0" (zero).
2. Check whether the score is greater than the cut-off score.
   A score of 10 or greater means that there is a 94% chance that the person has pain.
   A score of 9 or lower means that there is an 87% chance that the person does not have pain.

For more information see Burkitt, Breau et al., (2009). Pilot study of the feasibility of the Non-Communicating Children's Pain Checklist – Revised for pain assessment in adults with intellectual disabilities. *Journal of Pain Management*, 2(1). CPS-NAID © 2009 Breau, Burkitt, Salsman, Sarsfield-Turner, Mullan.

https://ddprimarycare.surreyplace.ca/guidelines/general-health/pain-and-distress/

Distress and Discomfort Assessment Tool

v22

DisDAT

Please take some time to think about and observe the individual under your care, especially their appearance and behaviours when they are both content and distressed. Use these pages to document these.

We have listed words in each section to help you to describe the signs and behaviours. You can circle the word or words that best describe the signs and behaviours when they are content and when they are distressed.

Your descriptions will provide you with a clearer picture of their 'language' of distress.

COMMUNICATION LEVEL *	Ring their level when well	Ring their level when unwell
This individual is unable to show likes or dislikes	Level 0	Level 0
This individual is able to show that they like or don't like something	Level 1	Level 1
This individual is able to show that they want more, or have had enough of something	Level 2	Level 2
This individual is able to show anticipation for their like or dislike of something	Level 3	Level 3
This individual is able to communicate detail, qualify, specify and/or indicate opinions	Level 4	Level 4

* This is adapted from the Kidderminster Curriculum for Children and Adults with Profound Multiple Learning Difficulty (Jones, 1994, National Portage Association).

FACIAL SIGNS

Appearance

What to do	Appearance when content	Appearance when distressed
Ring the words that best fit the facial appearance. Add your words if you want.	Passive Laugh Smile Frown Grimace Startled In your own words:	Passive Laugh Smile Frown Grimace Startled In your own words:

Jaw or tongue movement

What to do	Movement when content	Movement when distressed
Ring the words that best fit the jaw or tongue movement. Add your words if you want.	Relaxed Drooping Grinding Biting Rigid Shaking In your own words:	Relaxed Drooping Grinding Biting Rigid Shaking In your own words:

Appearance of eyes

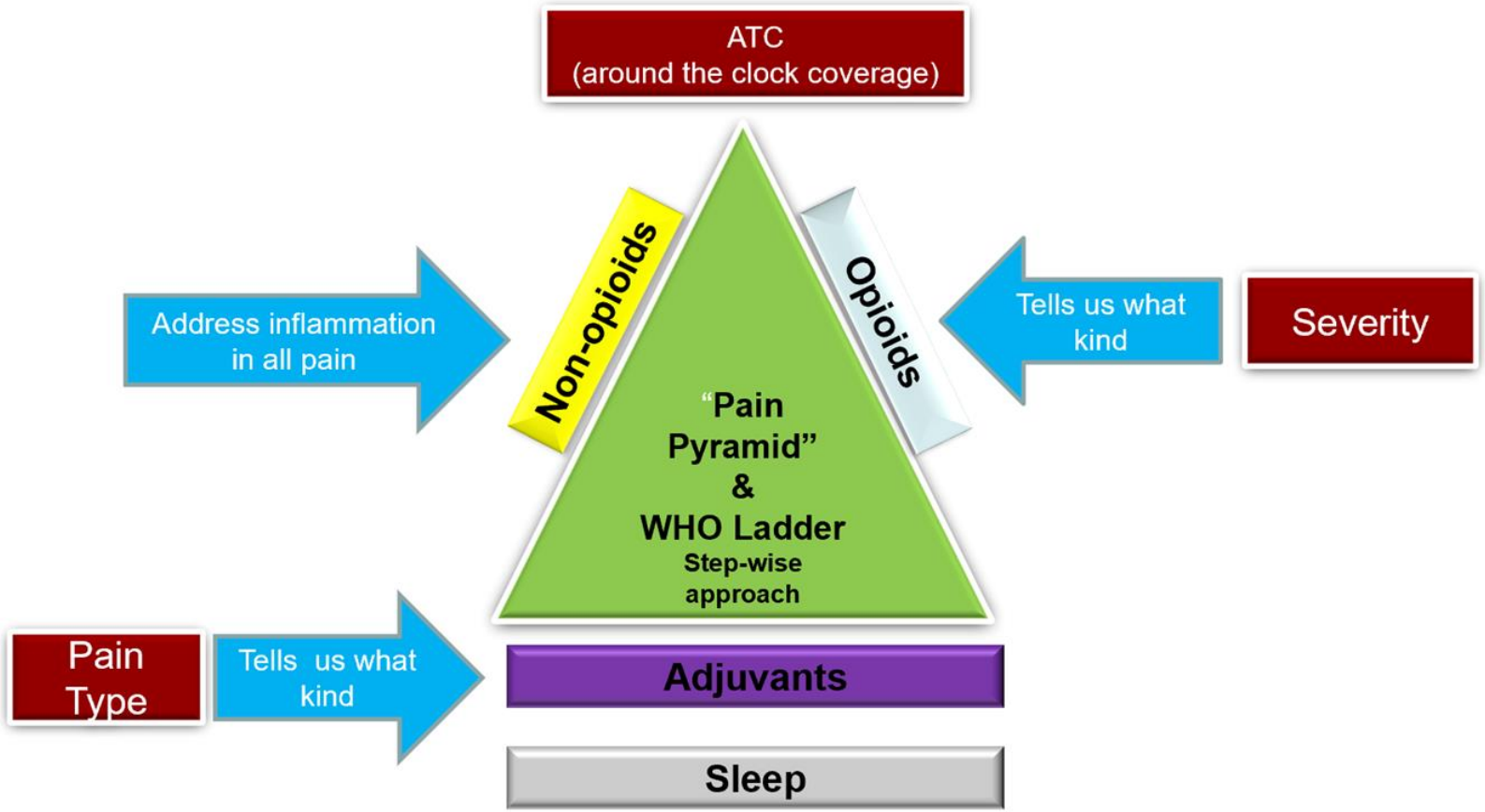
What to do	Appearance when content	Appearance when distressed
Ring the words that best fit the appearance of the eyes. Add your words if you want.	Good eye contact Little eye contact Avoiding eye contact Closed eyes Staring Sleepy eyes 'Smiling' Winking Vacant Tears Dilated pupils In your own words:	Good eye contact Little eye contact Avoiding eye contact Closed eyes Staring Sleepy eyes 'Smiling' Winking Vacant Tears Dilated pupils In your own words:

BODY OBSERVATIONS: SKIN APPEARANCE

What to do	Appearance when content	Appearance when distressed
Ring the words that best fit the describe the appearance of the skin. Add your words if you want.	Normal Pale Flushed Sweaty Clammy In your own words:	Normal Pale Flushed Sweaty Clammy In your own words:

https://www.wamhinpc.org.uk/sites/default/files/Dis%20DAT_Tool.pdf

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

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?

Iga 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.youtube.com/watch?v=nN6UppG3Cuk

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 her daughter tells you her Mom is in pain. Olga looks pale, is vocalizing in low moans, she appears frightened and anxious, she is holding her body very rigid while motioning to her right hip and thigh.

Q & A

Session Wrap Up

- Thank you for joining us!
- Please fill out the feedback survey following the session—a link has been added into the chat.

Thank You

Project ECHO
Palliative Care - Canada
BY Pallium Canada

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