COVID FACT SHEET No. 2

Nursing care for Shortage of Breath and Covid 19

MARKERS

Serious risk factors

- **Comorbidities**
  - People aged 70 and over
  - Chronic respiratory failure
  - Chronic renal failure
  - Cardiovascular history: high blood pressure, stroke or coronary artery disease, heart surgery
  - Insulin-dependent diabetes or with secondary complications
  - Cirrhosis
  - Immunodeficiency (cancer, immuno-suppressive medication, etc.)
- **Other symptoms**
  - Lack of alertness
  - Very high fever
  - Dehydration

Breathing difficulties (shortage of breath)

- **Breathing difficulty** reported by the patient, assessed on a scale:
  - of 0 (*I can breathe normally)* to 10 (*I find it very hard to breathe*)
  - or by a simple verbal scale (no difficulty in breathing /slight/moderate/serious/very serious)
- **Respiratory Frequency** (RF) >24/min (and <30/min) or use of ancillary breathing muscles (raising of the collar bone when taking breath) or paradoxical breathing (abdominal wall moves in when taking breath)

Acute respiratory distress

- **Feeling of suffocation** with massive anxiety/agitation and feeling of imminent death
- **RF > 30/min**, agitation, use of ancillary respiratory muscles (rising of the collar bone when taking breath), paradoxical breathing (abdominal wall moves in when taking breath), flaring of alae of the nose, end of expiration wheeze, fear facies.

ACT

General principles

- **Palliative care**

  If risk factors are present, the shortage of breath of Covid-19 can quickly develop into respiratory distress and, in the absence of intensive car, lead to death. Dying of asphyxiation is extremely stressful physically and psychologically. Apart from intensive care, there is no curative care. The medicinal or other treatments set out below are therefore palliative care.

  Palliative care is neither an alternative to the basic treatment of an illness nor assistance with dying. It is assistance in getting through painful times.

- **Planning care**

  With the usual GP, plan for care in the event of respiratory distress (planned prescription, telephone contact, etc.). Discuss with him/her what resources are available for palliative care.

- **Information to the patient**

  If possible, discuss with them what their informed choices are. Otherwise, search who the appointed person of trust is and any pre-planned instructions.

- **Tracing of Exchanging information**

  For better communication about the care.

Medicinal treatment

- Two main principles:
  - **Ease the shortage of breath** with morphine-based medicines. Contrary to a preconceived idea, morphine-based medicines do not worsen shortage of breath but ease it.
  - **Put to sleep**. The feeling of dying by suffocation can be terrible. Putting the person to sleep, as for an anaesthesia is the solution to relieve this suffering. The products used are benzodiazepines.
- Prescription (planned in advance if possible) by a physician and administered by the nurse depending on his/her own assessment of the clinical situation.

Non-medicinal treatments

- Stay calm or arrive calm (do not forget before entering the room).
- Explain simply what is being done, what is going to be done.
- Air the room, open the window, if a fan is available, switch it on (cool air on the face).
- Ensure the patient is comfortable in their clothes Have a gentle light.
- Place the person in a sitting or half-sitting position in the bed (raise the head)
- Stay in a somewhat silent atmosphere, with no agitation. Soft music possible.

REFERENCES

http://www.sfap.org/document/detresses-respiratoires-asphysiques-et-dyspnee