When Chronic Lung Disease Becomes Terminal

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Disclosures
Marlene Foreman has no real or perceived conflicts of interest that relate to this presentation.

Objectives
- Objective 1: Describe common lung diseases.
- Objective 2: Discuss management of common symptoms at end of life.
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Overview of Anatomy and Physiology of Lung and Respiration (Pulmonary System)

Respiratory System:
- Nasal and Oral Passages
- Trachea
- Bronchi and branches
- Alveoli
- Capillary bed
- Pleura
- Other structures
  - Diaphragm
  - Muscles
  - Bones
  - Brain and Neurological function

Common Diseases
- Lung cancer or metastasis
- Chronic Bronchitis
- COPD or COLD (Chronic Obstructive Pulmonary or Lung Disease)
- Musculoskeletal or Neuromuscular Diseases such as ALS (Lou Gehrig’s Disease), MS (Multiple Sclerosis), MD, (Muscular Dystrophy)
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**Common Symptoms**
- Shortness of Breath
- Fatigue
- Anxiety
- Secretions
- Aspiration
- Impaired ADLs

**Shortness of Breath**
- Feeling of uncomfortable awareness of breathing, breathlessness
- Common problem at end of life
- Frightening and distressing

**Management**
- Don’t Panic – Keep calm
- Make the patient and the room cooler
- Have patient sit up straight if possible or raise head of bed
- Breathe deeply with mouth open
- Pace breathing rate
- Remind family member or caregiver to use medications provided by the physician if available
Fatigue

- Extreme tiredness
- Lack of Energy
- May have physical, psychosocial, and spiritual components
- Alters mobility and ability to remain independent
- May affect appetite or types of foods eaten

Management

- May take a group effort from family and professionals to help patient
- Limit activities
- Rest between activities
- Rest before eating
- Prioritize activities
- Spend time refreshing yourself with hobbies, music, TV, or spiritual activities
- Try to get uninterrupted sleep at night
- Accept your new normal if necessary

Anxiety

- Feeling a deep sense that all is not right
- Restlessness
- Feeling jittery
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Management

› Try to discover the cause: physical, psychosocial, or spiritual distress?
› What helped reduce anxiety in past
› Do relaxing activities like deep breathing, meditation, soothing music,
› Remind others to stay calm in your presence
› Try warm baths or showers, warm drink
› Try massages, back rubs, foot rubs,
› Avoid caffeine and alcohol
› Encourage family to provide reassurance
› Medications may be necessary

Secretions and Aspiration

› These symptoms are best managed by a team of professionals
› As a nursing assistant, try repositioning patient on the side
› Ask family to provide soft foods
› Raise head of bed or sit in chair to eat
› Thickened liquids may help
› Let nurse know if patient is choking more than usual when fed or given liquids

Impaired Activities of Daily Living (ADLs)

Patients with end stage lung disease regardless of cause will probably need assistance from you or the family to care for basic hygiene needs:
› Bathing and dressing
› Shampooing, oral hygiene, etc
› Linen change, clothes washing
› House cleaning
› Meals and medication assistance
Questions to Ponder

› What would you do if you had just started bathing your patient when he became extremely short of breath.
› What is your best response if the patient tells you she is too tired to do anything? You know that this is a new symptom.
› How do you respond to the patient and family when they tell you that the patient gets anxious every time he is short of breath?

References

› HPNA Patient/Family Teaching Sheets
  - Managing Shortness of Breath (2009)
  - Managing Fatigue (2011)
  - Managing Anxiety/Uneasy Feelings (2011)