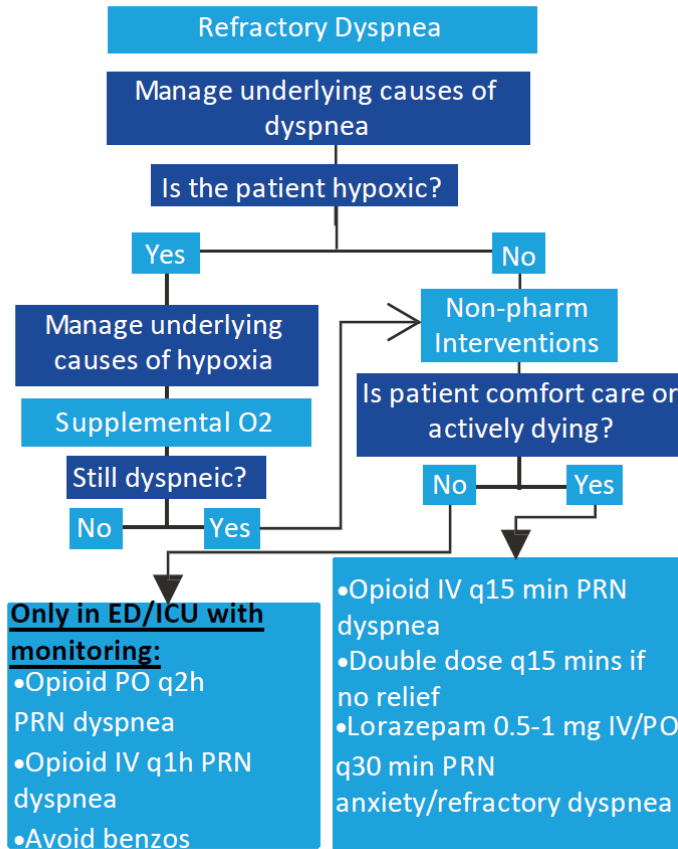


RELIEF OF SEVERE REFRACTORY DYSPNEA



Non-Pharmacologic Interventions:

- Bring patient upright or to sitting position
- Consider mindfulness, mindful breathing

Pharmacologic Interventions:

- Opioids are treatment of choice for refractory dyspnea
- For symptomatic patients, using PRN or bolus dosing titrated to relief is more effective and safe compared to starting an opioid infusion

Dosing Tips:

- For opioid naïve patients
 - PO Morphine 5-10 mg
 - PO Oxycodone 2.5-5 mg
 - IV/SC Morphine 2-4 mg
 - IV/SC Hydromorphone 0.4-0.6 mg
- Consider smaller doses for elderly/frail
- **If initial dose of IV opioid is ineffective** after 2 doses at least 15 minutes apart, double the dose