MANAGEMENT OF TERMINAL RESPIRATORY SECRETIONS IN PALLIATIVE CARE PATIENTS

Staff this document applies to:

All Clinical Staff of Austin Health

State any related Austin Health policies, procedures or guidelines:

Guidelines for Care of the Dying Patient
Syringe Driver NIKI T34: Subcutaneous medication administration
Palliative Care Consultancy Service: Referral Guidelines
Palliative Care Unit: Admission Guidelines
Oncology Unit Protocol Manual
Clinical Haematology Manual
Mouth Care for Oncology/Haematology Patients

Principles of Management:

To reduce the impact of excessive oropharyngeal and/or pulmonary secretions in the dying patient.

Definition:

Terminal respiratory secretions (also known as “death rattle”) cause a rattling or gurgling respiratory noise, due to a patient’s inability to cough effectively or to swallow and clear secretions from the oropharynx. Family and friends of the dying person may become concerned that the noisy respirations cause the patient distress.

Objectives:

- To reduce family/caregiver and staff concerns that “death rattle” is distressing to the patient
- To manage/minimise the noisy effect of secretions by utilising nursing and/or pharmacological measures

Clinical Alert:

- Gentle oral suctioning should only be used if effective and tolerated – avoid pharyngeal suctioning as this is generally poorly tolerated.
- If active hydration is provided, it may be contributing to the secretions, and its value should be reviewed by the medical team in consultation with the patient and family.
- Pharmacological treatment can contribute to the drying of the mouth, and thus there is a need for more frequent mouth care.

Suggested Interventions:

- Explain to the family/caregiver why secretions develop and reassure them that it is a normal part of the dying process and not usually distressing or uncomfortable for the patient.
- Often repositioning the patient side to side, with the head of the bed slightly elevated, is all that is needed to shift secretions and reduce the noise.
• If required, anticholinergic drugs should be commenced earlier rather than later, as literature suggests this will improve effectiveness, however recent evidence from a single placebo controlled trial suggests that medication is no better than a placebo. More studies are needed to investigate this further.

• See table below for information about the usual anti-secretory medications used. The literature reviewed does not show any agent to be more effective than the other.

• Doses can be titrated according to the patient’s response, and can also be given continuously via a syringe driver.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Starting Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Max dose/24 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycopyrrolate</td>
<td>0.2 – 0.4 mg</td>
<td>Subcut</td>
<td>2-4 hourly</td>
<td>1.2 mg</td>
</tr>
<tr>
<td>Hyoscine butylbromide (Buscopan)</td>
<td>20 – 40 mg</td>
<td>Subcut</td>
<td>2-4 hourly</td>
<td>100 mg</td>
</tr>
<tr>
<td>Hyoscine hydrobromide</td>
<td>0.4 mg</td>
<td>Subcut</td>
<td>2-4 hourly</td>
<td>2.4 mg</td>
</tr>
</tbody>
</table>

Subcut = subcutaneous

*Note:* Glycopyrrolate and hyoscine *butylbromide* do not readily cross the blood-brain barrier, and are therefore unlikely to cause or exacerbate delirium.

**Expected Outcome:**

With appropriate education, nursing measures and pharmacological management, the impact of noisy respiratory symptoms at end of life will be minimised enhancing the potential for a peaceful death.

**Communication Strategy:**

All Austin Health Staff - Forward emails to all of the below.

**Medical Documents**

Email to DL Medical Education All
Email to DL CSU Medical Directors

**Nursing Documents**

Email to DL CNE
Email to DL Nursing Group

**Allied Health Documents**

Email DL Allied Health Austin 5

**Author/Contributors:**

**2014 version:**

Shaun O’Neill, Clinical Nurse Consultant

**In Consultation With:**

Dr Juli Moran, Medical Director, Palliative Care
Dr Sarah Charlton, Palliative Care Fellow
Dr Josephine Stewart, Consultant,
Lorraine Jordan, Clinical Nurse Consultant
Teri Andrew Clinical Nurse Consultant
Legislation/References/Supporting Documents:


Bennet, M., Brennan, M., Hughes, A., O'Donnell, V. and Wee, B. 2002 Using Anti-muscarinic Drugs in the Management of Death Rattle: Evidence –Based Guidelines for Palliative Care. Palliative Medicine, 16, 369373


Authorised/Endorsed by:

Cancer Services Medical Group
Nursing Standards Committee February 2014
Drugs and Therapeutics Committee
Clinical Policies and Procedures Committee

Primary Person/Department Responsible for Document:

Dr Juli Moran, Director of Palliative Care Services