Dyspnea Quick Tip – Palliative Round Table

How is respiratory distress different from dyspnea?

Dyspnea is a *symptom*, the subjective experience of breathing discomfort. Thus, it is reliant on self-report.

Respiratory distress refers to observable *signs* which suggest labored breathing.

Practical tools for assessment:

In patients who can self-report:

Simply asking a patient if they are short of breath (yes/no) is insufficient since total relief of dyspnea in advanced disease is not expected.

The Edmonton Symptom Assessment System (ESAS) can identify the severity of dyspnea and its response to treatment using the 0-10. Perhaps more important than the exact tool used, is making sure the entire clinical team is comfortable with the tool and utilize the same tool in a consistent manner.

In patients who cannot self-report:

The **Respiratory Distress Observation Scale (RDOS)** — a validated tool used to assess and quantify **respiratory distress** in patients who cannot self-report, including those who are dying and may be unconscious or unable to communicate.

It's particularly valuable in **end-of-life care**, because dyspnea (shortness of breath) is often under-recognized in non-verbal patients, and untreated respiratory distress can cause significant suffering in the final hours or days.

Respiratory Distress Observation Scale (RDOS)

Purpose

- Provides an **objective score** based on observable signs.
- Guides **timely interventions** (e.g., opioids, positioning, oxygen, secretion management).
- Useful for **tracking symptom progression** and evaluating treatment effectiveness.

How It Works

The RDOS uses **eight observable indicators**, each scored from 0–2 (some 0–3), giving a total possible score of **0–16**. Higher scores indicate more severe respiratory distress.

Indicators:

1. Increased Heart rate
2. Increased Respiratory rate
3. Use of accessory muscles (neck/shoulder movement)
4. Paradoxical breathing pattern (chest & abdomen moving out of sync)
5. Grunting at end-expiration
6. Nasal flaring
7. Look of fear (facial expression)
8. Restlessness (body movement)

Interpretation

- **0–3:** No or mild respiratory distress.
- **4–6:** Moderate respiratory distress — may need intervention.
- **≥7:** Severe respiratory distress — urgent symptom management needed.

Why Visiting Nurses Should Know It

- It's **quick** (can be done in under 2 minutes).
- Helps justify medication adjustments to the prescriber ("Patient's RDOS is 7 with accessory muscle use and grunting").
- Improves team communication and documentation, especially when families are present and need reassurance that distress is being recognized and addressed.

Example in the Dying Patient

- A patient with metastatic cancer, unresponsive, RR 30, visible neck muscle use, paradoxical breathing, and facial grimacing might score a **7 or 8**, prompting the nurse to contact the prescriber for comfort medications and adjust positioning.

Communication is the key.

RDOS Guide and Example Responses

Step 1: Assess

- Perform the **RDOS** check (heart rate, breathing rate, muscle use, etc.).
- Score quickly (takes ~2 minutes).
- Note any sudden changes from prior visit.

Step 2: Share Observations with the Family

Note: Keep it calm, plain, and compassionate

Example:	***"I'm checking for signs of how hard your person is working to breathe. I look at their breathing rate, muscle use, and facial expression to see if they might be uncomfortable, even if they can't tell us in words."***

Step 3: Explain the Score Without Numbers

Note: Numbers are for your chart — give a meaning-based translation to families

RDOS Score	*Examples*
0–3	***"Right now, they seem comfortable and not working hard to breathe."***
4–6	***"Their breathing is taking more effort. We'll take steps to help them feel more at ease."***
+7	***"They're working quite hard to breathe, and I want to address that right away so they can be more comfortable."***

Step 4: Link to Immediate Action

Note: Families feel reassured when they see an *observable problem → clear action*.

Examples:	***"I'm going to adjust their position and give medicine to relax the breathing muscles. This should help within the next 10–15 minutes."*** ***"I'll keep checking every few minutes to make sure the change is helping."***

Step 5: Normalize What They're Seeing

Note: Especially important at the end of life.

Example:	"***Changes in breathing like this are very common at this stage. Our focus is on making sure every breath feels as easy as possible for them."***

Step 6: Invite the Family to Partner in Comfort Care

Note: Give them something gentle and useful to do.

Examples:	***"You can assist by swabbing their mouth with the swabs once per hour. This will help provide some comfort to them."*** ***"Can you help by stroking their hair/hands and letting them know you are here. This will help provide some comfort to them."***