



Non-medical management of breathlessness

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Project background

The respiratory directorate at Royal Brompton Hospital in London comprises three inpatient wards plus a high-dependency unit, and provides care for patients with a wide range of conditions. Following a snapshot audit it became apparent that despite using medical interventions such as oxygen therapy, inhaled and/or oral medication, a significant number of patients receiving care in the directorate continued to struggle with breathlessness. As a result, a project team was formed to develop and implement a toolkit of non-medical interventions that could be used alongside medical management to help control breathlessness.

Aims and objectives

The aim of this project was to enhance care by implementing non-medical interventions for breathlessness. To achieve this, the objectives identified were to:

- Review the literature to identify non-medical interventions to reduce breathlessness
- Engage staff and patients to identify the most popular interventions/key interventions to be piloted
- Pilot the interventions with patients
- Develop a toolkit to support wider implementation
- Explore opportunities for implementation across the respiratory directorate

Implications for practice

- Non-medical interventions for breathlessness are well received by staff and patients
- Co-design sessions with staff help to focus on a specific number of approaches instead of attempting to implement too many new techniques
- A number of practical and clinical issues can impact on the successful use of a co-design approach but such an approach plays an important role in maintaining values and encouraging teams to seek ways to overcome barriers to full involvement
- Active problem solving, flexibility and adaptability from team members are key to a successful project
- When considering membership of a project team remember it will help to sustain momentum if there are sufficient people to cope with the inevitable fluctuations in input due to staff turnover, changing responsibilities and conflicting demands

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Online

Further information about the project can be accessed from: fons.org/library/report-details?nstdid=71430

Key activities and outcomes

• Literature review

Findings from the literature challenged the project team's belief that they were good at controlling or managing symptoms for patients, and identified opportunities to do more. This supported the idea of developing packages of care tailored to individual needs, something a 'toolkit' of non-medical interventions could address.

• Patient and staff interviews

A topic/interview guide was developed by the project team for the purpose of interviewing patients and staff. Fifteen interviews were conducted and common themes were identified. The guide encouraged participants to talk about the techniques they used to manage breathlessness.

• Staff and patient event

Originally a co-design approach was planned, but concerns about cross-infection for patients meant these plans had to change. Patients were therefore asked individually to vote for their top five techniques to use in the pilot phase. Subsequently, a staff event was held to introduce the project and to invite them to select their top five techniques from those available. The most popular techniques among patients and staff were: handheld fans, pursed-lipped breathing, positioning, relaxation and diaphragmatic breathing.

• Pilot stage

Each member of the project group selected one intervention to pilot in their clinical areas. They developed their own information leaflets and resources for each intervention and engaged with at least five patients, asking them to trial the technique and then to offer feedback using a questionnaire developed by the project team.

• Development of toolkit

Based on the literature, and staff and patient feedback, the project team produced a toolkit of information about how to use the techniques. The toolkit box is placed in clinical areas with an informative poster. In addition, resources are provided in each ward to support the use of these techniques.

• Feedback on toolkit

The five interventions piloted were well accepted and patients were keen to use them to help manage their breathlessness. Moreover, the majority of patients commented that they would actually recommend them to others. Most patients had been shown how to manage their breathlessness, which highlighted that members of the multidisciplinary team have an important role to play in helping patients identify a technique that is beneficial for them. The project team members intend to work in partnership with the wider nursing team and hope to contribute to patient workshops so the toolkit can be introduced to as many patients as possible.