REAL TIME TOOLKIT

Shortness of Breath

Essential resources to share and post within your facilities to help reduce readmissions related to shortness of breath.

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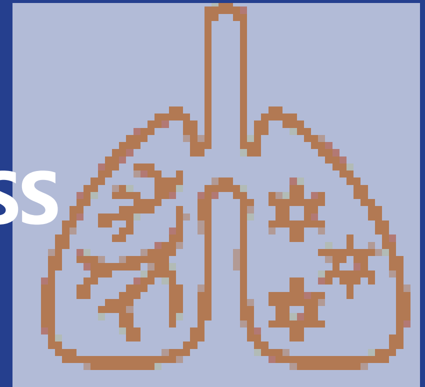
THINGS TO CONSIDER

COMMON RESPIRATORY ILLNESS & POSSIBLE TREATMENT



	SYMPTOMS	CONSIDER TREATMENT
PNEUMONIA	Confusion, Productive Cough, Fever, Fatigue, Rib/Chest Pain	Prevention: Incentive Spirometry, Out of Bed or Repositioning, Chest X-Ray, Antibiotics, Supportive O2
COPD	Shortness of Breath, Fast Short Breaths, insomnia, Wheezing, Headache	Bronchodilators *(breathing treatments)*, Steroids, Antianxiety Medications, Supportive O2 *(mindful of Co2 Retention)*, CPAP Use
CHF	Weight Gain, Edema, Shortness of Breath, Crackles, Worse when lying flat or Worse at night	Daily Weights, Fluid Restriction, Diuretics, ACE/ARBS Supportive O2, Additional Dialysis
LUNG CANCER	Pain with Deep Breaths, Hemoptysis, Fatigue, Cough, Weight loss, Weakness	Curative or Palliative Cancer Treatment, Pain Control, Cough Medicine, Supportive O2

NOTE: These are general guidelines. Please customize assessments and interventions to the patient's individual care plan and always check with the attending physician.

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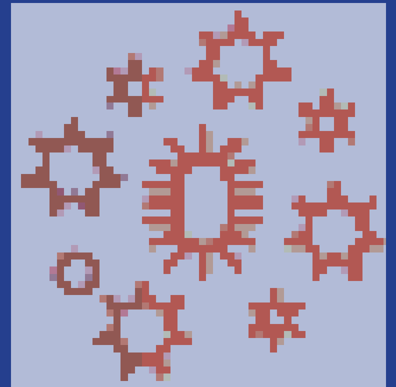
THINGS TO CONSIDER

PREVENTING POST COVID REHOSPITALIZATIONS



INTERVENTIONS

Encourage PO Fluids

- Hydration: With dehydration, secretions are thicker and hard to clear from lungs
- Thin Respiratory Secretions: Being unable to clear secretions from lungs leads to pneumonia.

Encourage cough and deep breathing

Self-Prone, if able

- Patients use parts of their lungs that aren't used when lying on their back.

Education to Patient and Family on Disease Process

- Timeline/Course of Symptoms
- Follow-up clinician visit within 1-2 days following discharge from hospital

Advance Care Planning

ORDERS TO CONSIDER

Incentive Spirometer

Follow-up Chest X-Ray

Supportive Medications

- Albuterol Inhaler (instead of Nebulizer Treatment) – reducing use of aerosol generated procedures
- Decadron, short course of Prednisone
- Oxygen: Close follow-up with new or increased supplemental home oxygen requirement

Physical Therapy

- Ambulatory, if possible
- Sitting up and repositioning

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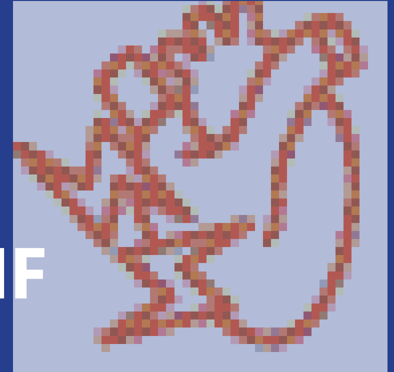
THINGS TO CONSIDER

REDUCING HOSPITAL READMISSIONS RELATED TO CHF



Congestive Heart Failure: When the heart is unable to pump blood as well as it should. This causes the blood to back up and results in fluid buildup in the lungs and shortness of breath.

WHAT TO LOOK FOR

- Shortness of Breath
- Weight Gain *(2 lbs. In one day, 5 lbs. In wk)*
- Swelling in the legs ankles and feet
- Weakness
- Decreased appetite
- Crackles during respiratory assessment.
- Decrease in O2 Sats

HOW TO AVOID REHOSPITALIZATION

- Daily weights for high-risk patients
- Diuretic therapy, Vasodilators, ACE inhibitors
- Diet: low sodium intake, restricted fluid intake
- Daily assessments for new or worsening edema
- Daily respiratory assessments: monitoring for crackles, shortness of breath, persistent cough, dyspnea on exertion
- Chest X-ray for any abnormal assessment

If you have any concern for a patient, consider:

- Labs (proBNP included)
- Chest X-Ray
- Diuretic therapy adjustment to prevent rehospitalizations for these patients.

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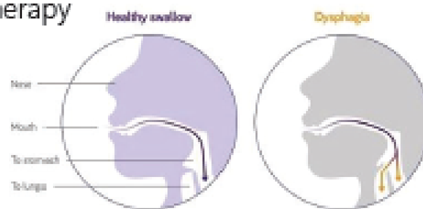
SWALLOWING DIFFICULTIES

SIGNS OF DYSPHAGIA

- Coughing or choking when eating or drinking
- Persistent drooling of saliva
- Pocketing of food
- Trouble initiating a swallow
- Sensation food is stuck in your throat or chest
- Unable to chew food properly
- Gurgly, wet sounding, voice when eating or drinking
- Recurrent diagnosis of pneumonia

COMMON CAUSES

- History of stroke (40-70% of survivors)
- Neurological disorder (60-80% Parkinson's MS, ALS)
- Frail and elderly (51% in nursing homes or rehab)
- Cancer and radiation therapy
- Reflux



NURSING INTERVENTIONS

- Assess level of consciousness
- Sit patient upright when eating and drinking
- Ensure patient is taking small bites of food and small sips of liquid
- Do not wash food down with drinks, chew well and eat slowly
- If the person is not able to sit up and hold up head, do not continue. The person is not able to eat or drink at this time
- Obtain an order for speech therapy to perform evaluation and do not feed until evaluations is completed and proper diet orders obtained

MEDICATION MANAGEMENT

- **Monitor for dry mouth**; NSAID's, antihistamines, opioids, and neuroleptics can cause dry mouth and worsen swallowing difficulties
- **Recommend PPI usage**; can reduce acid reflux
- **Control Secretions**; scopolamine patch, levsin, suction

MULTIDISCIPLINARY APPROACH

- DIETARY - caloric requirements
- NURSE - assess and administer
- NURSING ASSISTANT - proper positioning
- WOUND NURSE - risk of pressure injury
- SOCIAL WORKER - psychological needs

COMPLICATIONS OF ENTERAL FEEDING

- **Aspiration** - monitor GRV (Gastric Residual Volume) every 4 hours
- **Tube Dislodgement** - verify tube integrity at beginning of each shift, new onset of pain at insertion site, increased vitals
- **Refeeding Syndrome** - monitor heart rate and rhythm as well as potassium and magnesium levels
- **Fluid Imbalance** - check MD or dietary orders, on average patient require 30mL/kg of water per day
- **Medication Administration** - flush meds with 30mL of water before and after administration, thoroughly crush medications that are able to be crushed, dissolve in water if possible to prevent clogging of the tube, massage any potential clots in the tube and irrigate with warm water

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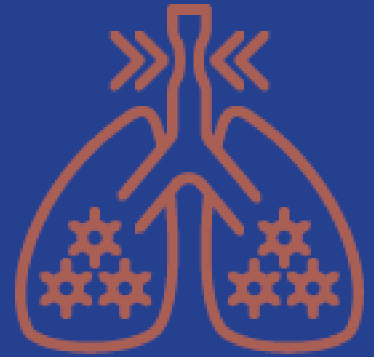
THINGS TO CONSIDER

COPD EXACERBATION

Characterized by a change in the patient's baseline dyspnea, cough, and or sputum that is beyond their normal day-to-day variation. Acute onset that may warrant a change in their plan of care.



PRIMARY SYMPTOMS

- Increased dyspnea
- Coughing, wheezing
- Changes in color, thickness, or amount of mucous
- Lower SP02 than their baseline

SECONDARY SYMPTOMS

- Confusion, AMS
- Weight loss
- Decrease PO intake
- Lethargy, fatigue

INTERVENTIONS

- Chest X-ray
- Labs (CBC, sputum culture, ABG/VBG)
- Medications (Bronchdilators: metered dose inhalers or nebulizer treatments to relax and widen airways, Steriods: to reduce inflammation in the lungs, Antibiotics: if needed for sputum purulence
- *Careful* oxygen supplementation
- Bipap/Cpap
- Incentive spirometry
- Controlled coughing
- Postural drainage
- Chest percussion therapy
- Pursed lip breathing

IT TAKES EVERYONE!

- Respiratory therapy – assist with pulmonary hygiene
- PT/OT – exercise combined with breathing techniques
- Dietician – high calorie diet for low BMI
- Social work – smoking cessation, coping, stress
- Pallative/Hospice – comfort-oriented end stage COPD

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Compatible with all major post-acute EHRs, Real Time's HITRUST Certified cloud-based solution generates a live-sync with key data points within the EHR, including structured and unstructured (nursing notes) data. Utilizing live documentation, the platform uses proprietary AI applications to identify subtle changes in condition as they occur and prioritizes high-risk patients by clinical need. Enabling facilities to seamlessly share live clinical data with their partner hospitals, health systems, ACOs, and health plans, care teams can improve patient care, reduce unnecessary costs, and achieve value-based outcomes – *with no additional work or duplicate data entry needed.*

Connecting Care Through Interventional Analytics

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